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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 CORPORATION

Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
20555 VICTOR PKWY

City or town, state or province, country, and ZIP or foreign postal code
LIVONIA, MI 481527031

D Employer identification number
35-1443425

E Telephone number
(734) 343-1000

G Gross receipts $ 2,006,192,061

F Name and address of principal officer:
MICHAEL SLUBOWSKI
20555 VICTOR PKWY
LIVONIA, MI 481527031

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TRINITY-HEALTH.ORG

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

L Year of formation: 1978

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	6,780
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-2,196,583
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	1,836,097

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,484,282	2,647,413
9	Program service revenue (Part VIII, line 2g)	1,680,234,768	1,658,983,417
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,157,249	287,128,458
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,411,141	57,432,773
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,046,287,440	2,006,192,061
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,244,533	12,855,399
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)	756,496,890	738,631,976
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)	1,243,420,461	1,371,951,268
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,008,161,884	2,123,438,643
19	Revenue less expenses. Subtract line 18 from line 12	38,125,556	-117,246,582

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,084,513,697	11,429,906,388
21	Total liabilities (Part X, line 26)	9,982,672,306	11,531,366,688
22	Net assets or fund balances. Subtract line 21 from line 20	101,841,391	-101,460,300

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

****** 2021-05-14
Signature of officer Date

CYNTHIA CLEMENCE SVP, INTERIM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 2,080,612,790 including grants of $ 12,855,399) (Revenue $ 1,715,674,221)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,080,612,790

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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	Yes	
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	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
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	1,644		
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**	6,780		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
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**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶CYNTHIA CLEMENCE 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-1328

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) ▶								29,055,776	0	2,715,758

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,694

			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
LEIDOS INC 11951 FREEDOM DR RESTON, VA 20190	IT CONSULTING	46,196,428
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE SERVICES	42,554,821
CERNER CORPORATION 10200 ABILITIES WAY KANSAS CITY, KS 66111	SOFTWARE SERVICES	33,864,610
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST DETROIT, MI 48226	TEMPORARY SERVICES	29,176,647
HURON CONSULTING SERVICES LLC 550 W VAN BUREN STREET CHICAGO, IL 60607	CONSULTING SERVICES	25,590,144

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 ▶ 503

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	1,000,000			
e Government grants (contributions)	1e	1,583,172			
f All other contributions, gifts, grants, and similar amounts not included above	1f	64,241			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		2,647,413			
Program Service Revenue	Business Code				
2a SUBSIDIARY FEES	551114	1,609,997,677	1,609,997,677		
b INTERCOMPANY PURCHASED SERVICES	551114	48,985,740	48,985,740		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		1,658,983,417			
3 Investment income (including dividends, interest, and other similar amounts)		265,402,532		-2,938,552	268,341,084
4 Income from investment of tax-exempt bond proceeds		110,130			110,130
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	21,615,796			
b Less: cost or other basis and sales expenses	7b	0			
c Gain or (loss)	7c	21,615,796			
d Net gain or (loss)		21,615,796			21,615,796
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a OTHER RELATED REVENUE	551114	56,690,804	56,690,804		
b INCOME UNDER SECTION 512(B)(17)	524298	741,969		741,969	
c					
d All other revenue					
e **Total.** Add lines 11a–11d		57,432,773			
12 **Total revenue.** See instructions		2,006,192,061	1,715,674,221	-2,196,583	290,067,010

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	12,855,399	12,855,399		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,249,127		16,249,127	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,420,990		4,420,990	
7 Other salaries and wages	535,877,727	535,877,727		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,483,492	29,351,339	1,132,153	
9 Other employee benefits	111,767,859	107,616,815	4,151,044	
10 Payroll taxes	39,832,781	38,353,397	1,479,384	
11 Fees for services (non-employees):				
a Management	4,099,091		4,099,091	
b Legal	3,623,209		3,623,209	
c Accounting	6,580,855		6,580,855	
d Lobbying	295,000		295,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	795,000		795,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	234,806,794	234,806,794		
12 Advertising and promotion	1,181,953	1,181,953		
13 Office expenses	53,231,976	53,231,976		
14 Information technology	320,639,106	320,639,106		
15 Royalties				
16 Occupancy	20,813,971	20,813,971		
17 Travel	15,934,353	15,934,353		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,382,030	3,382,030		
20 Interest	233,099,949	233,099,949		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,127,363	144,127,363		
23 Insurance	189,225,663	189,225,663		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	135,442,233	135,442,233		
b SUBSCRIPTIONS & DUES	4,228,168	4,228,168		
c OTHER EXPENSE	444,554	444,554		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,123,438,643	2,080,612,790	42,825,853	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		2,196	1	16,972,900
	2	Savings and temporary cash investments		49,979,500	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		68,136,085	4	70,632,148
	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			5	
	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)			6	
	7	Notes and loans receivable, net		6,072,700,246	7	5,629,823,591
	8	Inventories for sale or use		17,916,685	8	81,491,951
	9	Prepaid expenses and deferred charges		129,185,342	9	189,503,175
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,584,293,401			
	b	Less: accumulated depreciation	10b 811,692,974	669,803,514	10c	772,600,427
	11	Investments—publicly traded securities		1,750,571,911	11	2,896,944,253
	12	Investments—other securities. See Part IV, line 11		918,811,546	12	986,378,144
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		407,406,672	15	785,559,799
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,084,513,697	16	11,429,906,388
Liabilities	17	Accounts payable and accrued expenses		1,769,075,181	17	1,813,512,655
	18	Grants payable			18	
	19	Deferred revenue		229,519	19	886,253
	20	Tax-exempt bond liabilities		6,291,962,421	20	5,113,142,082
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	1,000,000,000
	24	Unsecured notes and loans payable to unrelated third parties		99,493,472	24	99,979,145
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,821,911,713	25	3,503,846,553
	26	**Total liabilities.** Add lines 17 through 25		9,982,672,306	26	11,531,366,688
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		101,719,192	27	-101,601,307
	28	Net assets with donor restrictions		122,199	28	141,007
		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		101,841,391	32	-101,460,300
	33	Total liabilities and net assets/fund balances		10,084,513,697	33	11,429,906,388

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	2,006,192,061
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,123,438,643
3	Revenue less expenses. Subtract line 2 from line 1	3	-117,246,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,841,391
5	Net unrealized gains (losses) on investments	5	-63,766,877
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-22,288,232
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-101,460,300

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

TRINITY HEALTH CORPORATION'S PURPOSE IS TO GOVERN, MANAGE, AND PROVIDE ADMINISTRATIVE SERVICES TO ITS SUBSIDIARIES, WHICH INCLUDE HOSPITAL ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) THAT PROVIDE NEEDED HEALTH CARE SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED. THE SERVICES PROVIDED BY TRINITY HEALTH CORPORATION ALLOW FOR ECONOMIES OF SCALE THAT IN TURN PERMIT THE SUBSIDIARIES TO PROVIDE HEALTH CARE SERVICES TO PATIENTS AT A REASONABLE COST. TRINITY HEALTH CORPORATION AND ITS SUBSIDIARIES ARE COLLECTIVELY KNOWN AS TRINITY HEALTH.TRINITY HEALTH IS ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2020, EVERY TRINITY HEALTH ENTITY FOCUSED ON: 1. REDUCING TOBACCO USE 2. REDUCING OBESITY PREVALENCE3. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH 4. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENTADDITIONALLY, IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS MOBILIZED NATIONAL INFRASTRUCTURE TO ASSESS THE MOST URGENT NEEDS IN THEIR COMMUNITIES. TRINITY HEALTH MEMBER HOSPITALS STRENGTHENED PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND COLLABORATED WITH MEDICAL GROUPS AND CLINICALLY INTEGRATED NETWORKS PROVIDING DIRECT PATIENT CARE TO ENSURE THAT PATIENT SOCIAL NEEDS WERE MET IN THE COMMUNITY. LIKEWISE, MEMBER HOSPITALS ACCELERATED THEIR SOCIAL SERVICES RESPONSE BY ESTABLISHING SOCIAL CARE PROGRAMS TO CONNECT PATIENTS, COLLEAGUES AND COMMUNITY MEMBERS TO LOCAL SOCIAL SERVICES SUCH AS: FOOD, HOUSING, FINANCIAL ASSISTANCE AND ACCESS TO HEALTH CARE. FROM MARCH THROUGH JUNE, SOCIAL CARE MADE OVER 103,000 CONNECTIONS, AND TRINITY HEALTH PROVIDED OVER 44,000 MEDICAL SERVICES TO THOSE WHO ARE HOMELESS AND THROUGH COMMUNITY TESTING EVENTS. SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH INVESTED $3.7 MILLION IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), WHICH INITIALLY LAUNCHED IN FISCAL YEAR 2016. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS, AND THEIR COMMUNITY PARTNERS, TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN ADDITION TO TRINITY HEALTH'S INVESTMENT, TCI HAS LEVERAGED OVER $12.4 MILLION IN COMMUNITY MATCH FUNDING TO DATE. IN FISCAL YEAR 2020, IN RESPONSE TO COVID-19, TCI SWIFTLY SHIFTED THEIR FOCUS IN MARCH TO ADDRESSING FOOD INSECURITY, HEALTHCARE WORKER PROTECTIVE EQUIPMENT, SUPPORTING CLOSED SCHOOLS TO EFFECTIVELY REACH CHILDREN, MENTAL HEALTH INTERVENTIONS AND EMERGENCY AID/FINANCIAL ASSISTANCE DIRECTLY TO INDIVIDUALS IN NEED. OVERALL TCI COMMUNITIES REDIRECTED NEARLY $520,000 TO SUPPORT COVID-19 RELATED NEEDS.TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HELPED 2,374 PARTICIPANTS COLLECTIVELY LOSE 15,382 POUNDS FROM JANUARY 2018 THROUGH SEPTEMBER 2020. IN MARCH 2020, WITH THE SURGE OF COVID-19 SPREADING ACROSS THE COUNTRY, TRINITY HEALTH MEMBER HOSPITALS TRANSITIONED NEARLY 90% OF ALL IN-PERSON NDPP COHORTS TO AN ONLINE VERSION OF THE LIFESTYLE CHANGE PROGRAM.TRINITY HEALTH DEPLOYED $5.1 MILLION IN NEW AND RENEWED LOANS FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATIONAL SCHOLARSHIPS, AND ECONOMIC DEVELOPMENT. ADDITIONALLY, TRINITY HEALTH WORKED WITH ALL OF ITS BORROWERS THAT HAD LOANS COMING DUE IN THE MIDST OF THE SPRING COVID-19 SURGE TO EXTEND THEIR LOANS FOR SIX MONTHS. THIS ACTION ALLOWED MORE THAN $2.9 MILLION IN INVESTMENTS TO REMAIN IN THE FIELD AND PROVIDED BREATHING ROOM TO OUR COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION PARTNERS THAT WERE SERVING OUR COMMUNITIES DURING THE CRISIS. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF $9.6 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2020, TRINITY HEALTH INVESTED OVER $1.3 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. COVID-19 ACCOUNTED FOR NEARLY $4.9 MILLION IN PROGRAMMATIC COMMUNITY BENEFIT EXPENSES AND ACTIVITIES, INCLUDING COMMUNITY TESTING AND EDUCATION, INCIDENT COMMAND CENTERS, SUPPORT FOR LOCAL ORGANIZATIONS (I.E. PROVIDING PPE, OTHER SUPPLIES, STAFF TIME), SOCIAL SUPPORTS (FOOD, HOUSING, MENTAL HEALTH, CHILDCARE), AND OTHER COMMUNITY DISASTER PREPAREDNESS EFFORTS.FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SLUBOWSKI DIRECTOR; PRESIDENT & CEO	54.00 1.00	X		X				2,866,730	0	99,000
RICHARD GILFILLAN MD FORMER OFFICER	0.00 0.00						X	1,851,414	0	100,791
BENJAMIN CARTER TREAS/CFO THR 12/19;EVP, COO AT 1/20	50.00 5.00			X				1,736,940	0	69,299
SALLY JEFFCOAT EVP, GROWTH/STRATEGY/INNOV THR 12/19	50.00 5.00				X			1,666,932	0	80,042
REGINALD EADIE MD PRESIDENT & CEO, TH OF NEW ENGLAND	0.00 55.00					X		1,389,729	0	294,091
ROBERT CASALOU PRESIDENT & CEO, MICHIGAN REGION	0.00 55.00					X		1,579,544	0	68,419
DANIEL ROTH MD EVP, CHIEF CLINICAL OFFICER	50.00 5.00				X			1,202,470	0	259,592
LINDA ROSS SECRETARY; EVP, CHIEF LEGAL OFFICER	52.00 3.00			X				1,311,639	0	65,772
JOHN RODIS MD PRES,SAINT FRANCIS HOSPITAL THR 5/20	0.00 55.00					X		1,311,465	0	65,718
MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	45.00 5.00					X		1,271,011	0	43,828

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			
JAMES REED MD PRES/CEO, ST. PETER'S HEALTH PTRS	0.00 55.00					X		1,194,421	0	91,190
CYNTHIA FRY FORMER KE; SVP, REV EXC THR 10/19	50.00 0.00						X	658,531	0	606,504
CYNTHIA CLEMENCE TREAS/INT CFO AT 1/20; SVP, OPS CFO	54.00 1.00			X				1,136,184	0	65,220
MICHAEL HEMSLEY ASSISTANT SEC & DEP GEN CSL THR 7/19	45.00 5.00			X				797,022	0	365,824
EDMUND HODGE EVP, CHIEF HUMAN RESOURCES OFFICER	53.00 2.00				X			1,098,135	0	48,078
LOUIS FIERENS II EVP, ADMINISTRATIVE SERVICES	54.00 1.00				X			1,062,504	0	53,150
JOHN CAPASSO EVP, CONTINUING CARE	50.00 5.00				X			1,016,286	0	63,646
MICHAEL HOLPER FORMER KEY EMP;SVP, INTEG/AUDIT SVCS	48.00 2.00						X	772,676	0	50,552
PAUL HARKAWAY MD FRMR KE;CHIEF ACCT DEV OFCR THR12/19	49.00 1.00						X	757,863	0	51,932
BARBARA WALTERS DO FORMER KEY EMPLOYEE	0.00 0.00						X	770,884	0	6,468

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			
ANTOINETTE PRATT ASST TREAS AT 1/20;SVP,FIN REPORTING	49.00 1.00			X				638,777	0	57,940
PAUL NEUMANN FORMER OFFICER	0.00 0.00						X	657,545	0	11,080
PHILIP BOYLE FORMER KEY EMPLOYEE; SVP, MISSION	50.00 0.00						X	529,349	0	41,602
NORA TRIOLA RN FORMER KEY EMPLOYEE	0.00 0.00						X	466,231	0	5,022
JOSHUA MOORE ASSISTANT SEC; VP MANAGING COUNSEL	49.00 1.00			X				313,734	0	42,699
MARK FROIMSON MD FORMER KEY EMPLOYEE	0.00 0.00						X	326,526	0	5,189
PAUL CONLON FORMER KEY EMPLOYEE	0.00 0.00						X	216,730	0	3,110
JAMES BENTLEY PHD DIRECTOR; CHAIR THROUGH 12/19	8.00 1.00	X		X				65,000	0	0
DAVID SOUTHWELL DIRECTOR; CHAIR AS OF 1/20	8.00 1.00	X		X				55,000	0	0
LARRY WARREN DIRECTOR; VICE CHAIR AS OF 1/20	8.00 1.00	X		X				55,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE PHILIP JD DIRECTOR	4.00 1.00	X						55,000	0	0
ROBERTA WAITE EDD DIRECTOR	4.00 1.00	X						55,000	0	0
JOSEPH BETANCOURT MD DIRECTOR	4.00 1.00	X						36,499	0	0
MARY CATHERINE KARL CPA DIRECTOR; VICE CHAIR THROUGH 12/19	8.00 1.00	X		X				35,000	0	0
KEVIN BARNETT DRPH DIRECTOR	4.00 1.00	X						35,000	0	0
BARRETT HATCHES PHD DIRECTOR	4.00 1.00	X						35,000	0	0
RITA BROGLEY DIRECTOR	4.00 1.00	X						26,250	0	0
MARY FANNING RSM DIRECTOR	4.00 1.00	X						1,755	0	0
LINDA FALQUETTE RSM DIRECTOR AS OF 1/20	4.00 1.00	X						0	0	0
KATHLEEN POPKO SP PHD DIRECTOR THROUGH 12/19	4.00 1.00	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			
JOAN MARIE STEADMAN CSC DIRECTOR	4.00 1.00	X						0	0	0
LINDA WERTHMAN RSM PHD DIRECTOR THROUGH 12/19	4.00 1.00	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 CORPORATION

Employer identification number
35-1443425

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10 ☐ An organization that normally receives: (1) more than 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 21

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 21					10,980,622	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 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 grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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	
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		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2	Yes	
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		
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		
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		
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		
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		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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**		
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**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

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

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G (VI):	TRINITY HEALTH CORPORATION PROVIDES HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT SERVICES TO ITS SUPPORTED ORGANIZATIONS.

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION C, LINE 1:	CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH CORPORATION SHARE THE SAME BOARD. TRINITY HEALTH CORPORATION IS THE SYSTEM PARENT OF THE OTHER SUPPORTED ORGANIZATIONS. FOR THOSE SUPPORTED ORGANIZATIONS THAT ARE FIRST-TIER SUBSIDIARIES, TRINITY HEALTH CORPORATION HAS THE POWER TO APPOINT ALL PERSONS TO THE BOARD OF THE SUPPORTED ORGANIZATION, AS WELL AS THE POWER TO APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALES OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS. FOR THOSE SUPPORTED ORGANIZATIONS THAT ARE NON FIRST-TIER SUBSIDIARIES, TRINITY HEALTH CORPORATION HAS RESERVED POWERS THAT INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S GOVERNING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPORATION.

Additional Data

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

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
CATHOLIC HEALTH MINISTRIES	000000000	1	Yes		0	0
TRINITY HEALTH - MICHIGAN	382113393	3		No	2,318,268	0
HOLY CROSS HEALTH INC	520738041	3		No	649,025	0
MOUNT CARMEL HEALTH SYSTEM	311439334	3		No	4,717,109	0
HOSP SUBS ST JOSEPH REG MED CTR	351568821	3		No	90,953	0
HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502	3		No	535,781	0
SAINT AGNES MEDICAL CENTER	941437713	3		No	110,782	0
MERCY HEALTH SERVICES - IOWA CORP	311373080	3		No	0	0
MERCY HEALTH PARTNERS	382589966	3		No	0	0
HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327	3		No	0	0
HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448	3		No	30,055	0
MERCY MEDICAL CENTER - CLINTON	421336618	3		No	0	0
HOSP SUBS OF ST MARY'S HEALTH CARE SYSTEM	580566223	3		No	0	0
HOLY CROSS HOSPITAL	590791028	3		No	0	0
ST MARY MEDICAL CENTER	231913910	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
HOSP SUBS OF TRINITY HEALTH OF THE MID-ATLANTIC REGION	232212638	3		No	1,609,753	0
HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715	3		No	232,836	0
ST FRANCIS HOSPITAL	510064326	3		No	0	0
HOSP SUBS TRINITY HLTH OF NEW ENGLAND	061491191	3		No	650,000	0
HOSP SUB OF ST JOSEPH'S HEALTH INC	474754987	3		No	36,060	0
HOSP SUBS MAXIS HEALTH SYSTEM	911940902	3		No	0	0

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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

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		295,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		750,000
j	Total. Add lines 1c through 1i			1,045,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	INSPIRED BY TRINITY HEALTH'S MISSION, TRINITY HEALTH ADVOCACY LEVERAGES MINISTRY EXPERIENCES TO INFLUENCE POLICY SOLUTIONS THAT TRANSFORM THE HEALTH CARE SYSTEM. AS A CATHOLIC HEALTH MINISTRY, WE ARE CALLED BOTH TO SERVE AND TO TRANSFORM. WE SERVE PEOPLE AND COMMUNITIES IN NEED, ESPECIALLY THE POOR AND UNDERSERVED. WE ALSO SEEK TO TRANSFORM SYSTEMS OF CARE AND ADVANCE POLICIES THAT PROMOTE JUSTICE FOR ALL. TRINITY HEALTH IS BUILDING A PEOPLE-CENTERED HEALTH SYSTEM TO PUT THE PEOPLE WE SERVE AT THE CENTER OF EVERY BEHAVIOR, ACTION AND DECISION. THIS BRINGS TO LIFE OUR COMMITMENT TO BE A COMPASSIONATE, TRANSFORMING AND HEALING PRESENCE IN OUR COMMUNITIES. WE ADVOCATE FOR PUBLIC POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COSTS TO ENSURE AFFORDABLE, HIGH QUALITY, PEOPLE-CENTERED CARE FOR ALL. OUR PRINCIPLES FOR REFORM INCLUDE: DELIVER AFFORDABLE, HIGH-FUNCTIONING COVERAGE AND CARE FOR ALL; BETTER THE HEALTH OF POPULATIONS; AND IMPROVE COMMUNITY HEALTH AND WELL-BEING. OUR 2019-2020 POLICY PRIORITIES INCLUDE: - EXPAND AND SECURE HEALTH INSURANCE COVERAGE FOR ALL: ENSURE A HIGH-FUNCTIONING HEALTH INSURANCE MARKETPLACE AND FURTHER MEDICAID EXPANSION IN ALL STATES. - ADVANCE VALUE-BASED CARE MODELS: HOLD PROVIDERS ACCOUNTABLE FOR BETTER HEALTH OUTCOMES, WHILE OFFERING GREATER WORKFORCE FLEXIBILITY AND ROBUST ACCESS TO TELEHEALTH SERVICES. - PROTECT THE 340B DRUG SAVINGS PROGRAM: ENABLE HOSPITALS THAT SERVE VULNERABLE COMMUNITIES - INCLUDING HIGH PERCENTAGES OF LOW-INCOME AND UNINSURED PATIENTS - TO CONTINUE TO COMPREHENSIVELY SERVE THEIR COMMUNITIES BY ALLOWING THE PURCHASE OF CERTAIN OUTPATIENT DRUGS AT A DISCOUNT FROM MANUFACTURERS THROUGH 340B. - ENSURE POPULATION BEHAVIORAL HEALTH: ADVANCE TRULY INTEGRATED CARE MODELS ACROSS THE CONTINUUM THAT ALLOW PROVIDERS ACCESS TO THE FULL MEDICAL RECORD WHILE PROTECTING PATIENT PRIVACY AND INCLUDE PREVENTION AND TREATMENT OF ADDICTION JUST LIKE OTHER CHRONIC ILLNESSES. - ADDRESS SOCIAL INFLUENCERS OF HEALTH: BUILD SYSTEMS THAT RESPOND TO THE EIGHTY PERCENT OF ONE'S HEALTH THAT IS INFLUENCED OUTSIDE OF THE HEALTH CARE SETTING. - SUSTAIN THE CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION. - RESPOND TO THE COVID19 PANDEMIC, INCLUDING SEEKING REGULATORY AND FINANCIAL RELIEF. ADVOCACY EFFORTS, INCLUDING BUT BROADER THAN LOBBYING, PERFORMED BY TRINITY HEALTH CORPORATION INCLUDE: -PROVIDING COMMENTS ON PROPOSED RULES. -ENCOURAGING COLLEAGUES TO SEND EMAILS TO PUBLIC OFFICIALS. -MAINTAINING A WEBSITE TO ENGAGE COLLEAGUES IN GRASSROOTS ADVOCACY. -EDUCATING COLLEAGUES ON ADVOCACY PRIORITIES. -COLLABORATING WITH ADVOCACY LIAISONS FROM EACH MINISTRY OF TRINITY HEALTH. -ENGAGING A LOBBYIST IN WASHINGTON, D.C. -MEETING WITH LEGISLATORS IN WASHINGTON, D.C. -JOINING LEGISLATORS FOR VISITS AT REGIONAL HEALTH MINISTRIES. -COLLABORATING WITH MEMBERSHIP ORGANIZATIONS - CATHOLIC HEALTH ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION TO FURTHER SHARED POLICY PRIORITIES. -HOSTING DC FLY-IN. -DEVELOPING POLICY RECOMMENDATIONS AND SUPPORTING MATERIALS TO EDUCATE PUBLIC OFFICIALS. -COLLABORATING WITH OTHER LIKE-MINDED INTEREST GROUPS.

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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 CORPORATION

Employer identification number
35-1443425

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
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		9,782,872		9,782,872
b Buildings		12,355,462	3,402,569	8,952,893
c Leasehold improvements		17,008,692	11,250,777	5,757,915
d Equipment		1,304,377,938	797,039,628	507,338,310
e Other		240,768,437		240,768,437
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				772,600,427

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	281,024,534	F
(B) INTEREST RATE SWAP AGREEMENTS	2,792,274	F
(C) EQUITY METHOD INVESTMENTS	526,921,002	C
(D) HEDGE FUNDS	175,640,334	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	986,378,144	

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

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

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

(a) Description	(b) Book value
(1)MISCELLANEOUS RECEIVABLES	40,140,877
(2)INTERCOMPANY ACCOUNTS RECEIVABLE	428,205,772
(3)OTHER LONG-TERM ASSETS	15,893,895
(4)INVESTMENT IN UNCONSOL. AFFILIATES	105,934,684
(5)OTHER CURRENT ASSETS	8,100,088
(6)OPERATING LEASE RIGHT-OF-USE ASSETS	60,120,236
(7)INTERCOMPANY OTHER ASSETS	127,164,247
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	785,559,799

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	
(2) INTERCOMPANY ACCOUNTS PAYABLE	29,536,591
(3) INTERCOMPANY OTHER LONG TERM LIABILITIES	771,789,227
(4) DEFERRED COMPENSATION LIABILITY	55,983,682
(5) SECURITY LENDING OBLIGATION	296,053,270
(6) OTHER LONG TERM LIABILITIES	244,296,394
(7) OTHER CURRENT LIABILITIES	99,617,574
(8) TAXABLE BONDS	1,928,045,000
(9) OPERATING LEASE LIABILITIES	78,524,815
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,503,846,553

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Employer identification number
35-1443425

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

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

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

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			2,096,804,713
b Total from continuation sheets to Part I . . .	0	0			14,410,270
c Totals (add lines 3a and 3b)	0	0			2,111,214,983

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY	72,578,884
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		867,287,519

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		372,384,978
EUROPE			INVESTMENTS		594,645,260

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		129,272,489
SOUTH AMERICA			INVESTMENTS		28,942,923

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			INVESTMENTS		17,523,090
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		14,169,570

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEIGHBORING STATES			INVESTMENTS		6,704,021
SOUTH ASIA			INVESTMENTS		7,706,249

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 19

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

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

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

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

Return Reference	Explanation
PART I, LINE 2:	DONATIONS MADE BY TRINITY HEALTH CORPORATION TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. TRINITY HEALTH HAS ESTABLISHED THE FOLLOWING GRANT PROGRAMS: INNOVATION GRANTS - MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY FOR GRANTS TO SUPPORT INNOVATIVE MODELS THAT ADDRESS INPATIENT AND OUTPATIENT SERVICES, NEW PRODUCTS, AUTOMATION, OR TELEMEDICINE. TRANSFORMING COMMUNITIES INITIATIVE GRANTS - TRINITY HEALTH GRANTS FUNDS TO COMMUNITY PARTNERSHIPS TO FOCUS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES THAT CAN DIRECTLY IMPACT SPECIFICALLY IDENTIFIED AREAS OF HIGH LOCAL NEED AND WHICH CAN REDUCE TOBACCO USE AND OBESITY, LEADING DRIVERS OF PREVENTABLE CHRONIC DISEASES AND HIGH HEALTH CARE COSTS IN THE UNITED STATES. SAFETY GRANTS - MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY FOR GRANTS TO FUND PROJECTS DESIGNED TO MITIGATE LIABILITY RISK, IMPROVE PATIENT SAFETY AND THE QUALITY OF CARE PROVIDED TO PATIENTS AND PROTECT THE SAFETY AND HEALTH OF TRINITY HEALTH COLLEAGUES.

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED STATES OF CARE CAMPAIGN 1110 VERMONT AVENUE NW NO 950 WASHINGTON, DC 20005	82-2860302	501(C)(3)	50,000				COMMUNITY WELFARE
HOLY CROSS HEALTH INC 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	649,025				COMMUNITY WELFARE - INNOVATION, TRANSFORMING COMMUNITIES INITIATIVE AND SAFETY GRANTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	36-4015560	501(C)(3)	30,055				COMMUNITY WELFARE - SAFETY GRANT
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213	31-1439334	501(C)(3)	4,717,109				COMMUNITY WELFARE - INNOVATION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVENUE FRESNO, CA 93720	94-1437713	501(C)(3)	110,782				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE AND SAFETY GRANTS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706	82-0200895	501(C)(3)	535,781				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE AND SAFETY GRANTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	35-0868157	501(C)(3)	90,953				COMMUNITY WELFARE - INNOVATION GRANT
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE SYRACUSE, NY 13203	15-0532254	501(C)(3)	36,060				COMMUNITY WELFARE - SAFETY GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVE SYRACUSE, NY 13203	22-2149775	501(C)(3)	450,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208	45-3570715	501(C)(3)	148,034				COMMUNITY WELFARE - SAFETY GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208	14-1348692	501(C)(3)	84,802				COMMUNITY WELFARE - INNOVATION GRANT
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER INC 707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617	35-1654543	501(C)(3)	21,904				COMMUNITY WELFARE - INNOVATION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MERCY HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105	04-3398280	501(C)(3)	450,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333	38-2559656	501(C)(3)	34,350				COMMUNITY WELFARE - SAFETY GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	2,318,268				SUPPORT FOR MERCY PRIMARY CARE AND COMMUNITY WELFARE - INNOVATION AND SAFETY GRANTS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 114 WOODLAND STREET HARTFORD, CT 06105	06-1491191	501(C)(3)	200,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH OF THE MID-ATLANTIC REGION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	23-2212638	501(C)(3)	1,604,753				COMMUNITY WELFARE - INNOVATION GRANT
TRINITY HOME HEALTH SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333	38-2621935	501(C)(3)	753,014				COMMUNITY WELFARE - INNOVATION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152	42-1253527	501(C)(3)	500,000				COMMUNITY WELFARE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or 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
PART I, LINE 1A	THE FOLLOWING BOARD MEMBERS RECEIVED PAYMENT OF COMPANION TRAVEL EXPENSES DURING CALENDAR 2019: JOSEPH BETANCOURT, MD - $1,499 MARY FANNING, RSM - $1,755 THESE AMOUNTS WERE NOT INCLUDED IN TAXABLE INCOME.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2019. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: PAUL CONLON - $136,962 MARK FROIMSON, MD - $320,216 CYNTHIA FRY - $46,781 MICHAEL HEMSLEY - $180,397 PAUL NEUMANN - $506,490 NORA TRIOLA, RN - $410,127 BARBARA WALTERS, DO - $671,382 COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/19: CYNTHIA FRY - $561,369 ($421,027 PAID IN 2020 AND $140,342 TO BE PAID IN 2021) MICHAEL HEMSLEY - $306,860 (PAID IN 2020) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2019. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2019, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2019. THE FOLLOWING PAYOUTS FOR 2019 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: PHILIP BOYLE - $77,621 JOHN CAPASSO - $145,660 BENJAMIN CARTER - $250,889 ROBERT CASALOU - $228,602 CYNTHIA CLEMENCE - $166,755 PAUL CONLON - $75,054 LOUIS FIERENS II - $142,668 CYNTHIA FRY - $98,795 RICHARD GILFILLAN, MD - $410,268 PAUL HARKAWAY, MD - $115,321 MICHAEL HEMSLEY - $118,155 EDMUND HODGE - $0 MICHAEL HOLPER - $114,820 SALLY JEFFCOAT - $238,926 PAUL NEUMANN - $137,482 ANTOINETTE PRATT - $95,665 JAMES REED, MD - $154,625 JOHN RODIS, MD - $180,900 LINDA ROSS - $310,671 MARCUS SHIPLEY - $188,561 MICHAEL SLUBOWSKI - $387,595 NORA TRIOLA, RN - $48,628 BARBARA WALTERS, DO - $84,288 THE FOLLOWING ACCRUALS FOR 2019 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: REGINALD EADIE, MD - $244,449 DANIEL ROTH, MD - $212,878
PART I, LINE 7	EXECUTIVE MANAGEMENT EMPLOYED BY TRINITY HEALTH ARE COMPENSATED UNDER A MULTI-TIERED, GOAL-BASED PROGRAM WHICH INCLUDES BASE PAY AND A VARIABLE PORTION. THE VARIABLE PORTION IS REFERRED TO AS "AT RISK COMPENSATION". EACH OF THE ELIGIBLE MEMBERS OF EXECUTIVE MANAGEMENT IS ASSIGNED PERFORMANCE GOALS ALIGNED WITH ORGANIZATIONAL STRATEGIC GOALS. EACH GOAL HAS MINIMUM THRESHOLD CRITERIA, TARGET CRITERIA AND A MAXIMUM.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL SLUBOWSKI DIRECTOR; PRESIDENT & CEO	(i)	1,665,425	749,503	451,802	16,800	82,200	2,965,730	0
	(ii)	0	0	0	0	0	0	0
1RICHARD GILFILLAN MD FORMER OFFICER	(i)	769,692	617,243	464,479	12,600	88,191	1,952,205	0
	(ii)	0	0	0	0	0	0	0
2BENJAMIN CARTER TREAS/CFO THR 12/19;EVP, COO AT 1/20	(i)	988,630	465,109	283,201	12,600	56,699	1,806,239	0
	(ii)	0	0	0	0	0	0	0
3SALLY JEFFCOAT EVP, GROWTH/STRATEGY/INNOV THR 12/19	(i)	936,984	441,598	288,350	12,600	67,442	1,746,974	0
	(ii)	0	0	0	0	0	0	0
4REGINALD EADIE MD PRESIDENT & CEO, TH OF NEW ENGLAND	(i)	993,155	377,491	19,083	257,049	37,042	1,683,820	0
	(ii)	0	0	0	0	0	0	0
5ROBERT CASALOU PRESIDENT & CEO, MICHIGAN REGION	(i)	961,517	358,655	259,372	16,800	51,619	1,647,963	0
	(ii)	0	0	0	0	0	0	0
6DANIEL ROTH MD EVP, CHIEF CLINICAL OFFICER	(i)	806,710	378,206	17,554	225,478	34,114	1,462,062	0
	(ii)	0	0	0	0	0	0	0
7LINDA ROSS SECRETARY; EVP, CHIEF LEGAL OFFICER	(i)	667,438	296,794	347,407	12,600	53,172	1,377,411	0
	(ii)	0	0	0	0	0	0	0
8JOHN RODIS MD PRES,SAINT FRANCIS HOSPITAL THR 5/20	(i)	787,867	310,860	212,738	12,600	53,118	1,377,183	0
	(ii)	0	0	0	0	0	0	0
9MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	(i)	794,620	271,756	204,635	12,600	31,228	1,314,839	0
	(ii)	0	0	0	0	0	0	0
10JAMES REED MD PRES/CEO, ST. PETER'S HEALTH PTRS	(i)	683,871	302,769	207,781	16,800	74,390	1,285,611	0
	(ii)	0	0	0	0	0	0	0
11CYNTHIA FRY FORMER KE; SVP, REV EXC THR 10/19	(i)	353,585	142,680	162,266	578,169	28,335	1,265,035	0
	(ii)	0	0	0	0	0	0	0
12CYNTHIA CLEMENCE TREAS/INT CFO AT 1/20; SVP, OPS CFO	(i)	696,560	247,318	192,306	21,000	44,220	1,201,404	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL HEMSLEY ASSISTANT SEC & DEP GEN CSL THR 7/19	(i)	299,897	170,167	326,958	327,860	37,964	1,162,846	0
	(ii)	0	0	0	0	0	0	0
14EDMUND HODGE EVP, CHIEF HUMAN RESOURCES OFFICER	(i)	733,527	345,231	19,377	12,600	35,478	1,146,213	0
	(ii)	0	0	0	0	0	0	0
15LOUIS FIERENS II EVP, ADMINISTRATIVE SERVICES	(i)	611,616	288,582	162,306	16,800	36,350	1,115,654	0
	(ii)	0	0	0	0	0	0	0
16JOHN CAPASSO EVP, CONTINUING CARE	(i)	574,323	270,030	171,933	21,000	42,646	1,079,932	0
	(ii)	0	0	0	0	0	0	0
17MICHAEL HOLPER FORMER KEY EMP;SVP, INTEG/AUDIT SVCS	(i)	472,250	167,419	133,007	21,000	29,552	823,228	0
	(ii)	0	0	0	0	0	0	0
18PAUL HARKAWAY MD FRMR KE;CHIEF ACCT DEV OFCR THR12/19	(i)	475,197	139,343	143,323	12,600	39,332	809,795	0
	(ii)	0	0	0	0	0	0	0
19BARBARA WALTERS DO FORMER KEY EMPLOYEE	(i)	0	0	770,884	0	6,468	777,352	671,382
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ANTOINETTE PRATT ASST TREAS AT 1/20;SVP,FIN REPORTING	(i)	386,698	139,582	112,497	21,000	36,940	696,717	0
	(ii)	0	0	0	0	0	0	0
1PAUL NEUMANN FORMER OFFICER	(i)	0	0	657,545	0	11,080	668,625	506,490
	(ii)	0	0	0	0	0	0	0
2PHILIP BOYLE FORMER KEY EMPLOYEE; SVP, MISSION	(i)	317,077	112,238	100,034	16,800	24,802	570,951	0
	(ii)	0	0	0	0	0	0	0
3NORA TRIOLA RN FORMER KEY EMPLOYEE	(i)	0	0	466,231	0	5,022	471,253	410,127
	(ii)	0	0	0	0	0	0	0
4JOSHUA MOORE ASSISTANT SEC; VP MANAGING COUNSEL	(i)	260,422	52,232	1,080	16,800	25,899	356,433	0
	(ii)	0	0	0	0	0	0	0
5MARK FROIMSON MD FORMER KEY EMPLOYEE	(i)	0	0	326,526	0	5,189	331,715	320,216
	(ii)	0	0	0	0	0	0	0
6PAUL CONLON FORMER KEY EMPLOYEE	(i)	0	0	216,730	0	3,110	219,840	136,962
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59465HQL3	05-14-2012	115,827,509	SEE PART VI - 2012MI	X			X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	NONEAVAIL	10-20-2011	100,000,000	SEE PART VI - 2011AB		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HDQ2	10-20-2011	146,570,820	SEE PART VI - 2011IL	X			X		X
D	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PCF6	10-18-2010	56,625,000	SEE PART VI - 2010F		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,570,000		46,410,000	22,535,000
2	Amount of bonds legally defeased	65,885,000	50,000,000	78,800,000	
3	Total proceeds of issue	115,827,509	100,000,000	146,570,820	56,625,061
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,078,659	105,000	1,411,707	161,271
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		99,895,000	145,159,112	56,463,791
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012	2011	2011	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶				0.010 %		0.010 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0.010 %		0.010 %		
6	Total of lines 4 and 5				0.020 %		0.020 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		6.220 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/19/2017 ISSUER NAME: ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 01/19/2017 ISSUER NAME: ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 01/19/2017 ISSUER NAME: MICHIGAN STATE HOSP. FIN. AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 12/23/2019 ISSUER NAME: IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 01/25/2019 ISSUER NAME: MONTGOMERY COUNTY MARYLAND DATE THE REBATE COMPUTATION WAS PERFORMED: 01/25/2019 ISSUER NAME: COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED: 01/25/2019 ISSUER NAME: ST. MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 03/19/2018 ISSUER NAME: MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 01/25/2019 ISSUER NAME: GREENE COUNTY DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 03/19/2018 ISSUER NAME: NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 10/23/2017 ISSUER NAME: STATE OF CONNECTICUT HLTH AND EDU. FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 05/05/2020 ISSUER NAME: CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED: 05/05/2020 ISSUER NAME: NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 05/05/2020 ISSUER NAME: ST. MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 05/05/2020 ISSUER NAME: MASS. HEALTH AND EDU. FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/21/2017 ISSUER NAME: MONTGOMERY COUNTY HIGHER EDU. AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/21/2017 ISSUER NAME: ST. MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/21/2017 ISSUER NAME: MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/14/2020 ISSUER NAME: MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 05/01/2020 ISSUER NAME: IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 05/01/2020 ISSUER NAME: MONTGOMERY COUNTY MARYLAND DATE THE REBATE COMPUTATION WAS PERFORMED: 05/01/2020

Return Reference	Explanation
PART I, LINE (F)	2012MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FAC ILITIES. REFUND SERIES 2002C. PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NO T REQUIRED TO COMPLETE PART III. REFUNDED DEBT PRIOR TO 12/31/2002 2011AB TO FINANCE, REFI NANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IM PROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS. TH E 2011AB BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 14 1 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2011IL TO FINANC E, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLIN OIS. THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA, AND 2011IL BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038. 2010F TO FINANCE CERTAIN CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES LOCATED AT VARIOUS LOCATIONS IN MICHIGAN. THE 2010F BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUG H 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS. 2010A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIP MENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUND SERIES 2000A MICHIGAN AND 2000 B IOWA. THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BO NDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038. PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III. REFUNDED DEBT PRIOR TO 12/31/2002 2010B TO FINAN CE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTIO N AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUND SERIES 1998 CALIFORNIA AND 1998 INDIANA. THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038. PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS. 2009BC - CUSIP NUMBERS 59465HMB9 AND 5 9465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDIT IONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE F ACILITIES. THE 2009BC BONDS (T

Return Reference	Explanation
PART I, LINE (F)	OGETHER WITH THE 2009A BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE I NTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038. 2008C TO FINANCE, REFINANC E OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROV EMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUND SERIES 2000 E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 2005H OF PRIOR ISSUES, AND THE HACKLEY REFINA NCING OF COMMERCIAL PAPER. THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038. PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY 200 8D - CUSIP NUMBERS 455057QM4 AND 455057QN2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A POR TION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUND SERIES 2000F, 2003C1, 2003C2, 2003H, 2 004C1 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2005B, 2005 I OF PRIOR ISSUES. THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CER TAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTE D IN EACH RESPECTIVE FORM 8038. PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS. 2013ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEAL TH CARE FACILITIES. THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013 MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2013MD TO F INANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRU CTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. TH E 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS AR E TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2013OH TO FINANCE, REFINANCE OR R EIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE 2013 MI-1, 2013 MI-2 , 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE C ODE, AS REPORTED IN THE FORM 8038. 2008NC TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT ION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN MICHIGAN. REFUND PRIOR ISSUE FROM 7/15/1998 PART IV, LINE 2C: DATE THE REB

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PART I, LINE (F)	ATE COMPUTATION WAS PERFORMED: 02/05/2015 INFORMATION REGARDING THE 2012A NC CHE BONDS, 20 10 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS. 2012B PA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILIT IES. THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING TH E 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BOND S, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST. MARY HOSPITAL AUTHO RITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS. 2013MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATE D TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEA LTH CARE FACILITIES. REFUNDED 1997, 2000, 2003B AND 2003D THE 2013 MI-1, 2013 MI-2, 2013 M I-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. PART I, LINE C, ADDITIONAL CUSIP FOR 2013 MI-3 SERIES - 59447PX R7 SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLICATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED. THE ENTRIES FOR PART II, LINE 3 AND PART IV, LINE 6 REFLECT THE CORR ECTED ALLOCATION OF EXPENDITURES. 2012 GA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT ION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2012 GA CHE BONDS ISSUED BY GREENE COUNTY DEVELOPMENT AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY HEALTH CARE SYSTEM FOR CERTAIN PRIOR TAX YEARS. 2012A NC REFUND 1998D BONDS ISSUED FROM 7/15/1998 THE 2012A NC CHE BONDS (TOGET HER WITH THE 2012A FL CHE BONDS AND 2012A PA CHE BONDS, WHICH WERE RETIRED PRIOR TO THE EN D OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 NC CHE BO NDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN RE PORTED IN FORM 990 SCHEDULE K OF ST. JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS.

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PART I, LINE (F) -CONTINUED	2010CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUN D PREVIOUS ISSUE (SERIES 1999F) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BOND S, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE C ODE INFORMATION REGARDING THE 2010 CT CHE BONDS ISSUED BY THE STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY COM MUNITY HEALTH, INC. FOR CERTAIN PRIOR TAX YEARS. ISSUANCE COSTS FOR THE COMPOSITE BOND ISS UE IS LESS THAN 2% OF PROCEEDS. 2010FL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTH ER HEALTH CARE FACILITIES. PARTIAL REFUNDING 1998 CITY OF TAMPA, FLORIDA THE 2010 FL CHE B ONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF TAMPA, FLORIDA HAS BEEN REPORTED IN THE FO RM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC. FOR CERTAIN PRIOR TAX YEARS. 2010NC REFUND 1998C BONDS ISSUED FROM 7/15/1998 THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BO NDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE T REATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 NC CHE BONDS AND 2008 NC CHE BOND S ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHED ULE K OF ST. JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS. 2010AB PA REFINANCE EXISTING DEBT (1998A, ISSUED 2/19/1998) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BOND S, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE C ODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST. MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. MARY MEDI CAL CENTER FOR CERTAIN PRIOR TAX YEARS. INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BON DS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBUR BAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS. ON DECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT

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PART I, LINE (F) -CONTINUED	TO THE IRS RELATING TO THE 2010AB BONDS AND THE 2012A BONDS. THE VCAP REQUEST CONCERNS A S ALE OF PROPERTY ORIGINALLY FINANCED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WIT H PROCEEDS OF THE 2010AB BONDS AND 2012A BONDS. THE SALE OF PROPERTY OCCURRED PRIOR TO THE ISSUE DATE OF THE 2010AB BONDS. BECAUSE THE 2010AB BONDS AND 2012A BONDS REFUNDED BONDS I SSUED BEFORE 2003, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPE RTY IS NOT REPORTED IN PART III. 2007C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTH ER HEALTH CARE FACILITIES. ADVANCE REFUNDING, 1998B AND 2002 PART IV, LINE 2C: DATE THE RE BATE COMPUTATION WAS PERFORMED: 09/25/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY H AS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. F OR CERTAIN PRIOR TAX YEARS. 2007D REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2004C, ISS UED 12/14/04) THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE C ODE. INFORMATION REGARDING THE 2010B PA CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CH E BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2012 A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 S CHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS. 2007F PART IV, LINE 2C: DATE THE REBATE COMPUTATION WAS PERFORMED: 09/25/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BONDS, WHICH WERE RETIRED P RIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF S ECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE B ONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST. MARY HOSPITAL AUTHORITY FOR CERTAIN PRIO R TAX YEARS HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. MARY MEDICAL CENTER FOR PRIOR TAX YEARS. 2015 MI FRN TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RE LATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. 2015MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITI

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PART I, LINE (F) -CONTINUED	ES. REFUNDED 2004B, 2006A, 2006B, 2008A MI, 2008B IN SPHP 2008A, SPHP 2008B, SPHP 2008C, S PHP 2008D, SPHP 2008E SPHP 2011. THE 2015 MI, 2015 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL RE VENUE CODE, AS REPORTED IN THE FORM 8038. THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESE NT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLICATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED. THE ENTRIES FOR PART II, LINE 3 AND PART II, LINE 1 2 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES. 2015ID TO FINANCE, REFINANCE OR REIMBU RSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO A ND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUNDED 2008B ID THE 2015 MI , 2015ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIO NS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS 2015MD TO FINANCE, REFINA NCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPR OVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE 2015 MI, 201 5 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 1 03 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2016MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CON STRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES . REFUNDED 2005A, 2005D, 2008A-1 MI, SJHHC 2010A, SJHHC 2010B, SJHHC 2010C, SJHHC 2010D, S JHHC 2012, SJHHC 2014A, SJHHC 2014B. THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE T REATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON T HE REFUNDING ESCROW INVESTMENTS 2016ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOS PITALS AND OTHER HEALTH CARE FACILITIES. THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS A RE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038.

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PART I, LINE (F) - CONTINUED	2016MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FAC ILITIES. THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" F OR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS R EPORTED IN THE FORM 8038. 2016CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF TH E COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE I NTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2016MI-1,2,3,4 TO FINANCE, REFINANCE O R REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEME NTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE 2016 MI-1, 2016 M I-2, 2016 MI-3 AND 2016 MI-4 BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 80 38. 2017MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADD ITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUNDED 2006A. THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED A S A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNA L REVENUE CODE, AS REPORTED IN THE FORM 8038. PART I, LINE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 5944TPR8 2017MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OT HER HEALTH CARE FACILITIES. THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. PART I, LINE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 574218T45 2017ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OT HER HEALTH CARE FACILITIES. THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. PART I, LINE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 45129UCD4 2017OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OT HER HEALTH CARE FACILITIES. THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. PART I, LINE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 353202FL3 A 2017 MI T

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	O FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONS TRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUNDED 2009A, 2010A PA, 2010B, 2010E, 2010 CT, 2011 IL, 2012A PA, 2012A FL. THE A 2017 MI, A 2017 ID, AND A 2017 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 80 38. THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS A 2017 ID TO FINAN CE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTIO N AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. THE A 2017 MI, A 2017 ID, AND A 2017 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOS ES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FO RM 8038. A 2017 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATE D TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEA LTH CARE FACILITIES. THE A 2017 MI, A 2017 ID, AND A 2017 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2019 MI-1,2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMEN T FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUNDED 2008A-1, 2009GA, 2009MA. THE 20 19 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2019 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS R ELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHE R HEALTH CARE FACILITIES. THE 2019 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTER NAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2019 PA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFUNDED 2009PA, 2009STM. THE 20 19 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 2019A MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTH ER HEALTH CARE FACILITIES. THE 2019A MI AND 2019A OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038. 20

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	19A OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FAC ILITIES. REFUNDED 2011B. THE 2019A MI AND 2019A OH BONDS ARE TREATED AS A SINGLE "ISSUE" F OR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS R EPORTED IN THE FORM 8038. OTHER NOTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON THE BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMAT ION IN PART I (LINES 14 AND 15 ONLY), PART II, PART III (TO THE EXTENT APPLICABLE), PART I V AND PART V IS PROVIDED ON THE BASIS OF THE "ISSUES" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE. WITH RESPECT TO CERTAIN OF THE BOND ISS UES DESCRIBED IN PART I, THE ORGANIZATION SOLD CERTAIN BOND-FINANCED PROPERTY TO ANOTHER 5 01(C)(3) ORGANIZATION WITH THE EXPECTATION THAT THE SALE POSSIBLY COULD CAUSE THE RESPECTI VE BOND ISSUES TO VIOLATE THE PRIVATE USE RESTRICTIONS AND OWNERSHIP REQUIREMENT OF SECTIO N 145(A) OF THE CODE. ACCORDINGLY, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOS ITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATIONS SECTIONS 1.141-12(E) AND 1.145-2 WITH RESPECT TO SUCH SALE. IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZAT ION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND IS SUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGUL ATIONS. SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVI CE IN SUPPLEMENTAL FORMS 8038 AND ARE NOT REPORTED IN THIS SCHEDULE K. TRINITY HAS TAKEN R EMEDIAL ACTIONS WITH RESPECT TO CERTAIN DISPOSITIONS OF BOND-FINANCED PROPERTY TO OTHER 50 1(C)(3) ORGANIZATIONS. IN THE CASE OF BOND ISSUES THAT ARE PART NEW MONEY AND PART CURRENT REFUNDING, THE CURRENT REFUNDING PORTION MAY SEPARATELY MEET AN EXCEPTION FROM REBATE. IN SUCH CASES, HOWEVER, THE SEPARATE QUALIFICATION FOR A REBATE EXCEPTION FOR THE CURRENT RE FUNDING PORTION IS NOT REPORTED IN LINE 2B, ALTHOUGH THE EXCEPTION IS REPORTED IN CASES OF BOND ISSUES CONSISTING ONLY OF CURRENT REFUNDING PORTIONS. IN THE CASE OF BONDS REPORTED AS ISSUED AS PART OF AN ADVANCE REFUNDING ISSUES, GROSS PROCEEDS IN THE REFUNDING ESCROW W ERE INVESTED BEYOND AN APPLICABLE TEMPORARY PERIOD. SUCH INVESTMENTS ARE NOT SEPARATELY RE PORTED IN PART IV, LINE 8.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PCB5	10-28-2010	141,744,110	SEE PART VI - 2010A		X		X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	455057F87	10-28-2010	66,966,076	SEE PART VI - 2010B	X			X		X
C	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HMB9	11-13-2009	102,840,000	SEE PART VI - 2009BC	X			X		X
D	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HKR6	11-13-2008	391,470,000	SEE PART VI - 2008C	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	66,910,000	2,655,000	2,230,000	111,740,000
2	Amount of bonds legally defeased	465,000	60,445,000	64,030,000	62,420,000
3	Total proceeds of issue	141,744,110	66,966,135	102,840,000	391,470,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,806,310	922,023	1,221,195	1,909,289
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		43,851,990	101,618,805	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2011	2010	2008

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.060 %		0.060 %				0.030 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶						0.180 %		
6	Total of lines 4 and 5		0.060 %		0.060 %		0.180 %		0.030 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		0.330 %						1.180 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X						X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	455057QM4	11-13-2008	393,530,000	SEE PART VI - 2008D		X		X		X
B	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCB8	10-30-2013	45,735,000	SEE PART VI - 2013ID		X		X		X
C	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PES6	10-30-2013	103,910,000	SEE PART VI - 2013MD		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353202FK5	10-30-2013	87,245,000	SEE PART VI - 2013OH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	74,110,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	393,533,259	45,735,000	103,910,000	87,245,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,915,051	612,913	767,787	897,007
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	91,927,913	45,122,087	103,142,213	86,347,993
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2013	2013	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.030 %		0.070 %		0.070 %		0.070 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0.030 %		0.070 %		0.070 %		0.070 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PCY9	04-24-2008	30,475,000	SEE PART VI - 2008NC		X		X		X
B	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCW2	01-09-2013	63,615,000	SEE PART VI - 2012B PA		X		X		X
C	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PXQ9	10-30-2013	390,060,000	SEE PART VI - 2013MI		X		X		X
D	GREENE COUNTY DEVELOPMENT AUTHORITY	58-2267017	394374AC6	01-09-2013	39,191,498	SEE PART VI - 2012 GA		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,200,000	13,810,000		
2	Amount of bonds legally defeased		4,765,000	31,655,000	
3	Total proceeds of issue	30,475,000	63,615,000	390,068,202	39,192,495
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	203,569	615,000	1,433,206	556,135
8	Credit enhancement from proceeds	66,021			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		63,000,000	388,626,794	38,286,128
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2014	2013	2017

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0.070 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5					0.070 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.				7.490 %				
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X					
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEN1	06-27-2012	18,037,065	SEE PART VI - 2012A NC	X			X		X
B	STATE OF CONNECTICUT HLTH AND EDU FACILITIES AUTHORITY	06-0806186	20774UW35	04-07-2010	19,216,533	SEE PART VI - 2010CT	X			X		X
C	CITY OF TAMPA FLORIDA	59-1101138	875231JR4	04-07-2010	26,829,425	SEE PART VI - 2010FL		X		X		X
D	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEC5	04-07-2010	15,773,834	SEE PART VI - 2010NC		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		3,925,000	23,235,000	13,680,000
2	Amount of bonds legally defeased	8,095,000	14,355,000		
3	Total proceeds of issue	18,037,065	19,216,533	26,829,425	15,773,834
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	227,065	420,433	377,525	191,309
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012	2010	2010	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶				0.980 %		0.980 %		0.980 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5				0.980 %		0.980 %		0.980 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCA0	04-07-2010	164,735,960	SEE PART VI - 2010AB PA	X			X		X
B	MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586CXY6	04-19-2007	51,475,000	SEE PART VI - 2007C	X			X		X
C	MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SA8	04-19-2007	17,135,000	SEE PART VI - 2007D	X			X		X
D	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBH6	04-19-2007	49,350,000	SEE PART VI - 2007F	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	97,165,000	1,475,000	715,000	265,000
2	Amount of bonds legally defeased	52,050,000	38,795,000	15,020,000	45,255,000
3	Total proceeds of issue	164,735,960	51,475,000	17,135,000	49,350,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,881,637	463,590	163,662	411,085
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	48,138,523			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2007	2007	2007

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.980 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0.980 %						
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		7.240 %				46.130 %		
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X				X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider			MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL	
c	Term of hedge			2160.0000000000 %		2160.0000000000 %		2160.0000000000 %	
d	Was the hedge superintegrated?				X		X		X
e	Was the hedge terminated?				X		X		X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447P8C8	03-12-2015	100,000,000	SEE PART VI - 2015MI FRN		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	59447P7A3	02-26-2015	641,315,083	SEE PART VI - 2015MI	X			X		X
C	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295WZ8	02-26-2015	198,740,466	SEE PART VI - 2015ID	X			X		X
D	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PEU1	02-26-2015	172,864,507	SEE PART VI - 2015MD		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		47,925,000	3,025,000	
2	Amount of bonds legally defeased		271,045,000	58,620,000	
3	Total proceeds of issue	100,000,000	641,323,932	198,740,466	172,864,507
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		26,117,798		
7	Issuance costs from proceeds	391,000	3,439,918	1,051,583	950,375
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	99,621,000	206,331,193	22,889,858	171,914,132
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2015	2015	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.500 %		0.140 %		0.140 %		0.140 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0.010 %		0.010 %		0.010 %
6	Total of lines 4 and 5		0.500 %		0.150 %		0.150 %		0.150 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447THB2	01-26-2016	309,066,409	SEE PART VI - 2016MI	X			X		X
B	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295YC7	01-26-2016	25,287,426	SEE PART VI - 2016ID		X		X		X
C	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PEV9	01-26-2016	48,224,317	SEE PART VI - 2016MD		X		X		X
D	CONNECTICUT HEALTH AND EDU FACILITIES AUTHORITY	06-0806186	20774YYL5	01-26-2016	249,760,524	SEE PART VI - 2016CT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,325,000			8,235,000
2	Amount of bonds legally defeased	1,755,000			
3	Total proceeds of issue	309,066,409	25,287,426	48,224,317	249,760,524
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,264,528	283,297	180,047	1,757,514
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	227,027,955	25,004,129	48,044,270	248,003,010
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016	2016	2016	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.150 %		0.150 %		0.150 %		0.150 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0.150 %		0.150 %		0.150 %		0.150 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447THG1	02-11-2016	263,795,000	SEE PART VI - 2016MI - 1,2,3,4		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TPQ0	01-19-2017	181,377,952	SEE PART VI - 2017MI		X		X		X
C	MARYLAND HEALTH AND HIGHER EDU FACILITIES AUTHORITY	52-0936091	574218T52	01-19-2017	32,616,932	SEE PART VI - 2017MD		X		X		X
D	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCC6	01-19-2017	60,226,757	SEE PART VI - 2017ID		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	263,795,000	181,377,952	32,616,932	60,226,757
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	619,951	1,711,045	402,142	674,801
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	263,175,049	113,121,906	32,214,790	59,551,956
11	Other spent proceeds		66,545,000		
12	Other unspent proceeds				
13	Year of substantial completion	2016	2017	2017	2017

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶				0.020 %		0.020 %		0.020 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.070 %		0.030 %		0.030 %		0.030 %
6	Total of lines 4 and 5		0.070 %		0.050 %		0.050 %		0.050 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353202FM1	01-19-2017	96,071,211	SEE PART VI - 2017OH		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TQV8	12-21-2017	952,628,773	SEE PART VI - A 2017 MI	X			X		X
C	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCF9	12-21-2017	49,302,119	SEE PART VI - A 2017 ID		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353202FP4	12-21-2017	121,176,734	SEE PART VI - A 2017 OH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		550,000		
2	Amount of bonds legally defeased		208,245,000		
3	Total proceeds of issue	96,071,615	953,475,004	49,302,119	121,176,734
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		224,843,455		
7	Issuance costs from proceeds	970,231	24,491	724	703
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	95,100,979	330,951,255	49,301,395	121,176,031
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2017	2018	2017	2017

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.020 %		0.170 %		0.170 %		0.170 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.030 %						
6	Total of lines 4 and 5		0.050 %		0.170 %		0.170 %		0.170 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TUD3	02-14-2019	290,135,712	SEE PART VI - 2019 MI-1,2		X		X		X
B	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCG7	02-14-2019	36,376,659	SEE PART VI - 2019 ID		X		X		X
C	ST MARY HOSPITAL AUTHORITY	23-1913910	792222FR7	02-14-2019	56,928,471	SEE PART VI - 2019 PA		X		X		X
D	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TXH1	12-18-2019	222,861,503	SEE PART VI - 2019A MI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,090,000		560,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	290,135,712	36,376,659	56,928,471	222,861,503
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,478,478	469,830	479,006	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	241,571,800	35,906,829	22,521,386	172,861,503
11	Other spent proceeds	46,855,746		33,949,915	50,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2019	2019	2019	2020

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1.230 %		1.230 %		1.230 %		0.020 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.030 %		0.030 %		0.030 %		0.010 %
6	Total of lines 4 and 5		1.260 %		1.260 %		1.260 %		0.030 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353202FZ2	12-18-2019	127,137,827	SEE PART VI - 2019A OH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	127,137,827			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	127,137,827			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2020			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.020 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.010 %						
6	Total of lines 4 and 5		0.030 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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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 CORPORATION

Employer identification number
35-1443425

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ACTION BY CATHOLIC HEALTH MINISTRIES (CHM) IS REQUIRED FOR THE FOLLOWING MATTERS: - ADOPT AND AMEND THE ARTICLES OF INCORPORATION OF TRINITY HEALTH CORPORATION (THC) - ADOPT AND AP PROVE ANY AMENDMENTS TO THE BYLAWS OF THC - ADOPT AND APPROVE ANY CHANGES TO THE MISSION A ND CORE VALUES OF THC AND THE FOUNDING PRINCIPLES OF CHM AND APPROVE MATTERS THAT AFFECT T HE CATHOLIC IDENTITY OF THC - APPROVE THE SALE OR TRANSFER OF ANY PROPERTY OF THC, THE ALI ENATION OF WHICH WOULD REQUIRE APPROVAL UNDER THE CANON LAW OF THE ROMAN CATHOLIC CHURCH - APPROVE THE MERGER, CONSOLIDATION, LIQUIDATION, OR DISSOLUTION OF THC - APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THC - RATIFY THE APPOINTMENT AND REMOVAL OF T HE CEO OF THC - RATIFY THE ELECTION OF THE CHAIR OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TRINITY HEALTH CORPORATION FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH R EGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF TRINITY HEALTH CORPORATIO N ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN R ESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF TH E BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE H RCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FO R-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REAS ONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTHER EXECUTIVES WHO AR E NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1:	TRINITY HEALTH CORPORATION HAS BOARD MEMBERS WHO ARE MEMBERS OF RELIGIOUS ORDERS, AND AS S UCH, HAVE TAKEN VOWS OF POVERTY. THESE RELIGIOUS SISTERS DO NOT RECEIVE COMPENSATION FOR T HEIR SERVICES. INSTEAD, TRINITY HEALTH CORPORATION PAYS THE RELIGIOUS ORDER DIRECTLY FOR T HE SERVICES RECEIVED. FOLLOWING ARE THE NAMES OF THE RELIGIOUS SISTERS, THE NAMES OF THEIR ORDERS, AND THE AMOUNTS PAID DIRECTLY TO THE ORDER: MARY FANNING, RELIGIOUS SISTERS OF ME RCY - $55,000 KATHLEEN POPKO, SISTERS OF PROVIDENCE - $55,000 JOAN MARIE STEADMAN, CONGREG ATION OF THE SISTERS OF THE HOLY CROSS - $55,000 LINDA WERTHMAN, RELIGIOUS SISTERS OF MERC Y - $35,000 COMPANION TRAVEL EXPENSES OF $1,755 WERE ALSO PAID FOR MARY FANNING (SEE SCHED ULE J, PART III)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 30,803,743. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 30,803,743. BILLING SERVICES: PROGRAM SERVICE EXPENSES 42,717,121. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,717,121. RECRUITING SERVICES: PROGRAM SERVICE EXPENSES 3,064,715. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,064,715. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 40,395,451. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 40,395,451. MISCELLANEOUS PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 117,574,339. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 117,574,339. PHARMACY SERVICES: PROGRAM SERVICE EXPENSES 251,425. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 251,425.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS FROM AFFILIATES 158,728,387. CHANGE IN DEFERRED RETIREMENT COSTS -160,018 ,120. LOSS FROM EXTINGUISHMENT OF DEBT -32,525,187. INCOME/LOSS FROM DISCONTINUED OPERATIO NS 16,176,246. EQUITY GAIN/LOSS IN UNCONSOLIDATED AFFILIATES 10,478,238. ASSET IMPAIRMENT -20,581,604. NET CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE -1,192,462. OTHER TRA NSACTIONS 6,646,270.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2:	THE AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH INCLUDE THE PARENT ORGANIZATION AND ITS SUBSIDIARIES. THE FY20 CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT P UBLIC ACCOUNTING FIRM.

990 Schedule O, Supplemental Information

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

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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 CORPORATION

Employer identification number
35-1443425

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TRINITY HEALTH PARTNERS LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-2798085	POPULATION HEALTH MANAGEMENT	DE	0	0	TRINITY HEALTH CORPORATION
(2) TRINITY HEALTH PHARMACY SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 84-3130212	SPECIALTY PHARMACY	DE	235,589	8,535,171	TRINITY HEALTH CORPORATION

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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: 35-1443425
Name: TRINITY HEALTH CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
5315 ELLIOTT DR 102 YPSILANTI, MI 48197 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	

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						Yes	No
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 83-2256461	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	

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						Yes	No
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
4900 RAEFORD ROAD FAYETTEVILLE, NC 28304 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	

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						Yes	No
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12C, III-FI	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY MEDICAL CENTER - CLINTON INC	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
318 RIVER RIDGE DR NW SUITE 100 WALKER, MI 49544 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	

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						Yes	No
200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-1422704	MEDICARE HMO	ID	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543	MEDICARE HMO	NY	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

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
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1938 CURRY ROAD SCHENECTADY, NY 12303 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 3349 SIOUX CITY, IA 51102 42-1185707	MEDICAL TRANSPORTATION SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
775 S MAIN ST CHELSEA, MI 48118 82-4757260	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	

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	(g) Section 512 (b)(13) controlled entity? No
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 20-3018640	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	Yes	
2215 BURDETT AVE TROY, NY 12180 27-2153849	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	SAMARITAN HOSPITAL	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	

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

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						Yes	No
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	

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	
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
BH VENTURE ONE LP 905 WATSON STREET PITTSBURGH, PA 15219 38-4098074	REAL ESTATE	PA	N/A									
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
CATHERINE HORAN BUILDING ASSOCIATES LP 1221 MAIN STREET SUITE 105 HOLYOKE, MA 01040 04-2723429	PROPERTY MANAGEMENT	MA	N/A									
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
CENTRAL NEW JERSEY HEART SERVICES LLC 45 SAPPHIRE DRIVE PRINCETON, NJ 08550 20-8525458	CARDIAC PROGRAM	NJ	N/A									
CLINTON IMAGING SERVICES LLC 1410 N 4TH STREET CLINTON, IA 52732 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A									
DIAGNOSTIC IMAGING OF SOUTHBURY LLC 385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1487582	IMAGING CENTER	CT	N/A									
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
GATEWAY HEALTH PLAN LP 444 LIBERTY AVE SUITE 2100 PITTSBURGH, PA 15222 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
GREATER HARTFORD LITHOTRIPSY LLC 114 WOODLAND STREET HARTFORD, CT 06105 06-1578891	LITHOTRIPSY SERVICES	CT	N/A									
HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID 83702 82-0514422	IMAGING CENTER	ID	N/A									
HEART INSTITUTE OF ST MARY LLC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 45-4903701	CARDIOVASCULAR SERVICES	PA	N/A									

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	
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 36-4119522	SURGICAL SERVICES	IL	N/A									
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
MCE MOB IV LIMITED PARTNERSHIP 6150 EAST BROAD STREET COLUMBUS, OH 43213 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MEDILUCENT MOB I 6150 EAST BROAD STREET COLUMBUS, OH 43213 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MEDWORKS LLC 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483	REHABILITATION SERVICES	CT	N/A									
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A									
MERCYMANOR PARTNERSHIP PO BOX 10086 TOLEDO, OH 43699 52-1931012	NURSING HOME	PA	N/A									
MERCYUSP HEALTH VENTURES LLC 15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 47-1290300	OUTPATIENT SURGERY	IA	N/A									
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
NAUGATUCK VALLEY MRI LLC 385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1239526	IMAGING CENTER	CT	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
OSWEGO HEALTH HOME CARE LLC 113 SCHUYLER STREET FULTON, NY 13069 47-2463736	HOME HEALTH CARE	NY	N/A									
PHYSICIANS OUTPATIENT SURGERY CENTER LLC 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646	AMBULATORY SURGERY CENTER	FL	N/A									
PRIMARY CARE PHYSICIAN CENTER LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 75202 36-4038505	OFFICE BUILDING RENTAL	IL	N/A									

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	
RADISSON SJH PROPERTIES LLC 5000 CAMPUSWOOD DRIVE SUITE 101 EAST SYRACUSE, NY 13057 46-1892799	MEDICAL OFFICE BUILDING	NY	N/A									
SAINT AGNESUSP SURGERY CENTERS LLC 15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 36-4896811	MEDICAL SERVICES	CA	N/A									
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A									
SJLS LLC 7650 SE 27TH ST STE 200 MERCER ISLAND, WA 98040 20-1796650	DIALYSIS SERVICES	NY	N/A									
SMMC MOB II LP 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	HEALTH CARE SERVICES	ID	N/A									
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
ST JOSEPH'S IMAGING ASSOCIATES PLLC 104 UNION AVE SUITE 905 SYRACUSE, NY 13203 16-1104293	RADIOLOGY SERVICES	NY	N/A									
ST MARY REHABILITATION HOSPITAL LLP 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 27-3938747	HEALTH CARE SERVICES	DE	N/A									
ST PETER'S AMBULATORY SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC 1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 27-2871206	OUTPATIENT SURGERY	PA	N/A									
TRINITY HEALTH OF NEW ENGLAND ACO LLC 1000 ASYLUM AVENUE 5TH FLOOR HARTFORD, CT 06105 83-3165256	ACCOUNTABLE CARE ORGANIZATION	CT	N/A									
TRINITY HEALTH OF NEW ENGLAND URGENT CARE LLC 1000 ASYLUM AVENUE HARTFORD, CT 06105 84-2665996	HEALTH CARE SERVICES	DE	N/A									
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/ IMAGING	MI	N/A									

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	
WOODLAND PARTNERS REAL ESTATE LLC 129 WOODLAND STREET HARTFORD, CT 06105 83-3371094	REAL ESTATE	CT	N/A									

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
CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	

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
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	

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
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	TRINITY HEALTH CORPORATION	C		669,605,513	100.000 %	Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	TRINITY HEALTH CORPORATION	C	151,881	29,749,553	100.000 %	Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100.000 %	Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALLEGANY FRANCISCAN MINISTRIES INC	C	1,000,000	PER BOOKS
ALLEGANY FRANCISCAN MINISTRIES INC	L	171,032	PER BOOKS
ALLEGANY FRANCISCAN MINISTRIES INC	Q	1,175,971	PER BOOKS
BEECHWOOD INC	L	137,676	PER BOOKS
BETHLEHEM HAVEN OF PITTSBURGH	L	148,157	PER BOOKS
DILEY RIDGE MEDICAL CENTER	L	415,364	PER BOOKS
DILEY RIDGE MEDICAL CENTER	Q	201,052	PER BOOKS
FRANCES WARDE MEDICAL LABORATORY	C	288,175	PER BOOKS
GLOBAL HEALTH MINISTRY	L	56,121	PER BOOKS
GLOBAL HEALTH MINISTRY	B	500,000	PER BOOKS
GOOD SAMARITAN HOSPITAL INC	L	452,680	PER BOOKS
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION	L	3,296,321	PER BOOKS
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION	Q	248,040	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	A	590,100	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	C	8,186,133	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	L	2,237,937	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	P	272,403	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	Q	842,372	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	R	1,101,844	PER BOOKS
HOLY CROSS HEALTH INC	A	14,630,925	PER BOOKS
HOLY CROSS HEALTH INC	B	576,697	PER BOOKS
HOLY CROSS HEALTH INC	C	14,388,348	PER BOOKS
HOLY CROSS HEALTH INC	L	42,746,737	PER BOOKS
HOLY CROSS HEALTH INC	M	54,815	PER BOOKS
HOLY CROSS HEALTH INC	P	1,723,509	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOLY CROSS HEALTH INC	Q	11,600,312	PER BOOKS
HOLY CROSS HEALTH INC	R	4,365,943	PER BOOKS
HOLY CROSS HEALTH INC	S	1,216,845	PER BOOKS
HOLY CROSS HOSPITAL INC	A	5,529,905	PER BOOKS
HOLY CROSS HOSPITAL INC	C	10,099,461	PER BOOKS
HOLY CROSS HOSPITAL INC	L	33,103,057	PER BOOKS
HOLY CROSS HOSPITAL INC	M	321,331	PER BOOKS
HOLY CROSS HOSPITAL INC	P	2,927,913	PER BOOKS
HOLY CROSS HOSPITAL INC	Q	12,349,455	PER BOOKS
HOLY CROSS HOSPITAL INC	R	1,062,146	PER BOOKS
HOLY CROSS HOSPITAL INC	S	459,919	PER BOOKS
IHA HEALTH SERVICES CORPORATION	C	365,566	PER BOOKS
IHA HEALTH SERVICES CORPORATION	P	1,223,974	PER BOOKS
IHA HEALTH SERVICES CORPORATION	Q	370,766	PER BOOKS
IHA HEALTH SERVICES CORPORATION	R	365,566	PER BOOKS
JOHNSON MEMORIAL HOSPITAL INC	P	92,148	PER BOOKS
LANGHORNE PHYSICIAN SERVICES INC	Q	180,663	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	A	28,207,356	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	L	516,830	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	S	2,345,983	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	C	24,528,295	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	L	94,022,463	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	P	6,925,231	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	Q	68,887,127	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	R	3,017,291	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAXIS HEALTH SYSTEM	B	182,712,336	PER BOOKS
MAXIS HEALTH SYSTEM	R	984,452	PER BOOKS
MERCY CARE FOUNDATION INC	L	62,981	PER BOOKS
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	C	2,527,519	PER BOOKS
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	M	1,435,146	PER BOOKS
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	R	2,527,519	PER BOOKS
MERCY COMMUNITY HEALTH INC	A	1,097,991	PER BOOKS
MERCY COMMUNITY HEALTH INC	L	70,461	PER BOOKS
MERCY COMMUNITY HEALTH INC	P	254,657	PER BOOKS
MERCY COMMUNITY HEALTH INC	Q	284,796	PER BOOKS
MERCY COMMUNITY HEALTH INC	S	91,322	PER BOOKS
MERCY HEALTH PARTNERS	A	8,039,490	PER BOOKS
MERCY HEALTH PARTNERS	C	13,281,508	PER BOOKS
MERCY HEALTH PARTNERS	L	58,588,664	PER BOOKS
MERCY HEALTH PARTNERS	M	281,131	PER BOOKS
MERCY HEALTH PARTNERS	P	6,337,404	PER BOOKS
MERCY HEALTH PARTNERS	Q	10,265,807	PER BOOKS
MERCY HEALTH PARTNERS	R	2,480,401	PER BOOKS
MERCY HEALTH PARTNERS	S	668,640	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	A	9,456,976	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	C	26,034,565	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	L	77,807,716	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	P	5,287,993	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	Q	13,484,608	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	R	7,135,687	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MERCY HEALTH SERVICES - IOWA CORP	S	786,527	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	A	1,042,804	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	L	21,738,190	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	M	90,985	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	P	123,552	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	Q	11,739,119	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	S	86,729	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	A	617,510	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	C	3,155,093	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	L	11,268,068	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	P	481,546	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	Q	2,310,082	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	R	876,262	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	S	51,360	PER BOOKS
MOUNT CARMEL HEALTH PLAN OF IDAHO INC	P	342,462	PER BOOKS
MOUNT CARMEL HEALTH PLAN INC	P	2,508,503	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	A	24,724,366	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	B	4,717,109	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	C	40,905,515	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	L	122,854,866	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	M	196,860	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	P	7,467,472	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	Q	31,959,810	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	R	10,130,552	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	S	2,056,304	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	96,170	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	C	881,993	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	L	558,473	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	P	710,201	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	Q	4,186,511	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	S	100,003	PER BOOKS
RIVERBEND MEDICAL GROUP INC	L	513,531	PER BOOKS
RIVERBEND MEDICAL GROUP INC	P	1,198,799	PER BOOKS
SAINT AGNES MEDICAL CENTER	A	3,386,727	PER BOOKS
SAINT AGNES MEDICAL CENTER	B	65,782	PER BOOKS
SAINT AGNES MEDICAL CENTER	C	16,383,388	PER BOOKS
SAINT AGNES MEDICAL CENTER	L	42,791,391	PER BOOKS
SAINT AGNES MEDICAL CENTER	P	3,036,353	PER BOOKS
SAINT AGNES MEDICAL CENTER	Q	10,822,073	PER BOOKS
SAINT AGNES MEDICAL CENTER	R	5,382,793	PER BOOKS
SAINT AGNES MEDICAL CENTER	S	281,672	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	L	53,727,361	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	P	278,670	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	Q	7,633,593	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	A	384,486	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	C	64,054	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	L	1,121,149	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	P	116,313	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	Q	524,925	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	A	1,809,682	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	C	273,869	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	5,418,039	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	P	523,670	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	Q	985,591	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	R	120,165	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	S	150,511	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	A	739,026	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	C	122,463	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	3,001,467	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	P	97,431	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	Q	545,670	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	R	53,733	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	S	61,464	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	A	6,635,596	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	B	449,999	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	18,166,688	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	22,362,469	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	2,130,421	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	3,762,878	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	Q	6,368,640	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	R	3,864,995	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	S	551,879	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	C	15,667,720	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	L	87,402,699	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	M	293,739	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	P	7,907,957	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	43,336,136	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	R	53,140	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	A	215,407	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	A	10,570,618	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	B	90,953	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	56,631	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	M	144,276	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	S	879,151	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	12,608,226	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	39,591,201	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	1,856,061	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Q	8,158,110	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	R	4,068,876	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	C	201,406	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	L	326,359	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	P	59,186	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	Q	1,003,130	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	R	69,406	PER BOOKS
SAINT MARY'S HOSPITAL INC	L	186,795	PER BOOKS
SAINT MARY'S HOSPITAL INC	P	676,994	PER BOOKS
ST AGNES CONTINUING CARE CENTER	L	418,894	PER BOOKS
ST FRANCIS HOSPITAL INC	A	3,993,241	PER BOOKS
ST FRANCIS HOSPITAL INC	C	2,790,617	PER BOOKS
ST FRANCIS HOSPITAL INC	L	14,211,764	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST FRANCIS HOSPITAL INC	P	934,095	PER BOOKS
ST FRANCIS HOSPITAL INC	Q	5,609,864	PER BOOKS
ST FRANCIS HOSPITAL INC	R	370,600	PER BOOKS
ST FRANCIS HOSPITAL INC	S	332,118	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	A	2,748,130	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	C	816,084	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	L	10,095,248	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	P	990,748	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	Q	3,514,014	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	R	361,080	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	S	228,561	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	C	1,848,752	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	L	2,421,523	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	M	193,440	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	Q	1,879,060	PER BOOKS
ST JOSEPH OF THE PINES INC	A	1,742,729	PER BOOKS
ST JOSEPH OF THE PINES INC	Q	204,465	PER BOOKS
ST JOSEPH OF THE PINES INC	S	144,939	PER BOOKS
ST JOSEPH'S HEALTH CENTER PROPERTIES INC	A	1,233,524	PER BOOKS
ST JOSEPH'S HEALTH CENTER PROPERTIES INC	S	102,593	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	A	10,623,439	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	B	450,000	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	C	7,466,145	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	D	14,500,000	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	L	40,845,226	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOSEPH'S HOSPITAL HEALTH CENTER	P	3,228,167	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	Q	16,970,705	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	R	566,145	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	S	888,536	PER BOOKS
ST JOSEPH'S MEDICAL PC	A	44,640	PER BOOKS
ST MARY MEDICAL CENTER	A	4,415,736	PER BOOKS
ST MARY MEDICAL CENTER	C	6,995,258	PER BOOKS
ST MARY MEDICAL CENTER	L	31,243,200	PER BOOKS
ST MARY MEDICAL CENTER	P	3,085,062	PER BOOKS
ST MARY MEDICAL CENTER	Q	16,510,134	PER BOOKS
ST MARY MEDICAL CENTER	R	839,260	PER BOOKS
ST MARY MEDICAL CENTER	S	367,255	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	A	2,393,312	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	C	4,257,396	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	L	18,301,843	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	M	84,153	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	P	2,259,100	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	Q	7,838,158	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	R	139,529	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	S	199,057	PER BOOKS
ST MARY'S SACRED HEART HOSPITAL INC	L	461,207	PER BOOKS
ST PETER'S HEALTH PARTNERS	C	2,252,022	PER BOOKS
ST PETER'S HEALTH PARTNERS	L	81,786,827	PER BOOKS
ST PETER'S HEALTH PARTNERS	P	7,304,706	PER BOOKS
ST PETER'S HEALTH PARTNERS	Q	33,003,573	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST PETER'S HEALTH PARTNERS	R	2,252,022	PER BOOKS
ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC	L	57,920	PER BOOKS
ST PETER'S HOSPITAL	A	9,447,630	PER BOOKS
ST PETER'S HOSPITAL	B	84,802	PER BOOKS
ST PETER'S HOSPITAL	C	11,226,000	PER BOOKS
ST PETER'S HOSPITAL	M	125,663	PER BOOKS
ST PETER'S HOSPITAL	R	1,426,000	PER BOOKS
ST PETER'S HOSPITAL	S	783,427	PER BOOKS
THE MERCY HOSPITAL INC	A	4,206,294	PER BOOKS
THE MERCY HOSPITAL INC	B	450,000	PER BOOKS
THE MERCY HOSPITAL INC	C	7,079,946	PER BOOKS
THE MERCY HOSPITAL INC	L	25,121,049	PER BOOKS
THE MERCY HOSPITAL INC	P	1,636,608	PER BOOKS
THE MERCY HOSPITAL INC	Q	7,089,951	PER BOOKS
THE MERCY HOSPITAL INC	R	374,766	PER BOOKS
THE MERCY HOSPITAL INC	S	349,834	PER BOOKS
TRINITY ASSURANCE LTD	C	776,347	PER BOOKS
TRINITY ASSURANCE LTD	L	937,371	PER BOOKS
TRINITY ASSURANCE LTD	P	72,578,884	PER BOOKS
TRINITY CONTINUING CARE SERVICES	A	5,097,711	PER BOOKS
TRINITY CONTINUING CARE SERVICES	C	6,194,720	PER BOOKS
TRINITY CONTINUING CARE SERVICES	L	10,805,769	PER BOOKS
TRINITY CONTINUING CARE SERVICES	P	2,190,768	PER BOOKS
TRINITY CONTINUING CARE SERVICES	Q	7,724,374	PER BOOKS
TRINITY CONTINUING CARE SERVICES	R	897,150	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY CONTINUING CARE SERVICES	S	423,974	PER BOOKS
TRINITY HEALTH - MICHIGAN	A	29,091,122	PER BOOKS
TRINITY HEALTH - MICHIGAN	B	120,779	PER BOOKS
TRINITY HEALTH - MICHIGAN	C	66,160,293	PER BOOKS
TRINITY HEALTH - MICHIGAN	L	229,404,329	PER BOOKS
TRINITY HEALTH - MICHIGAN	M	128,897	PER BOOKS
TRINITY HEALTH - MICHIGAN	P	16,359,203	PER BOOKS
TRINITY HEALTH - MICHIGAN	Q	46,153,276	PER BOOKS
TRINITY HEALTH - MICHIGAN	R	16,320,698	PER BOOKS
TRINITY HEALTH - MICHIGAN	S	2,419,488	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	A	11,465,974	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	B	200,000	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	D	18,000,000	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	S	953,614	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	A	4,965,672	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	B	1,604,753	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	C	9,364,157	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	L	42,576,365	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	P	3,497,250	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	Q	28,512,463	PER BOOKS
TRINITY HEALTH OF THE MID-ATLANTIC REGION	S	1,734,990	PER BOOKS
TRINITY HEALTH PACE	A	803,147	PER BOOKS
TRINITY HEALTH PACE	C	987,783	PER BOOKS
TRINITY HEALTH PACE	L	2,072,998	PER BOOKS
TRINITY HEALTH PACE	P	393,403	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY HEALTH PACE	Q	2,100,037	PER BOOKS
TRINITY HEALTH PACE	S	66,798	PER BOOKS
TRINITY HOME HEALTH SERVICES	A	19,405	PER BOOKS
TRINITY HOME HEALTH SERVICES	B	739,026	PER BOOKS
TRINITY HOME HEALTH SERVICES	C	3,829,453	PER BOOKS
TRINITY HOME HEALTH SERVICES	L	5,161,859	PER BOOKS
TRINITY HOME HEALTH SERVICES	P	1,948,667	PER BOOKS
TRINITY HOME HEALTH SERVICES	Q	4,048,353	PER BOOKS
TRINITY HOME HEALTH SERVICES	R	956,284	PER BOOKS