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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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Doing business as
SEE SCHEDULE O FOR LIST

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1500 E SHERMAN BLVD

City or town, state or province, country, and ZIP or foreign postal code
MUSKEGON, MI 49444

D Employer identification number
38-2589966

E Telephone number
(231) 672-2000

G Gross receipts $ 697,139,361

F Name and address of principal officer:
GARY ALLORE
1500 E SHERMAN BLVD
MUSKEGON, MI 49444

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 ▶ 0928

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

J Website: ▶ WWW.MERCYHEALTH.COM

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

L Year of formation: 1984

M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES.

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**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	4,981
6	Total number of volunteers (estimate if necessary)	**6**	227
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,481,497
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,651,511	20,254,384
9	Program service revenue (Part VIII, line 2g)	682,246,631	648,280,310
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,021,093	1,600,031
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,341,744	22,774,172
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	710,260,979	692,908,897
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,233,287	3,805,355
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)	342,886,779	351,180,046
16a	Professional fundraising fees (Part IX, column (A), line 11e)	57,000	40,375
b	Total fundraising expenses (Part IX, column (D), line 25) ▶40,375		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	334,048,032	368,187,402
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	681,225,098	723,213,178
19	Revenue less expenses. Subtract line 18 from line 12	29,035,881	-30,304,281

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	692,484,116	816,487,004
21	Total liabilities (Part X, line 26)	426,203,095	607,562,521
22	Net assets or fund balances. Subtract line 21 from line 20	266,281,021	208,924,483

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

MICHAEL GUSHO TREASURER AND 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, MERCY HEALTH AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.MERCY HEALTH PARTNERS IS A MEMBER OF MERCY HEALTH AND TRINITY HEALTH.

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

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

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

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

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

4a (Code:) (Expenses $ 677,386,098 including grants of $ 3,805,355) (Revenue $ 664,805,137)

See Additional Data

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

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

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

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

4e **Total program service expenses** ▶ 677,386,098

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
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	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
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	510		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1		
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**	4,981		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	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**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	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**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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:
▶TAMARA RICCO 318 RIVER RIDGE DR NW SUITE 100 WALKER, MI 49544 (616) 685-3573

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) ▶								532,208	13,819,465	1,821,434

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 ▶ 153

			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
THE CHRISTMAN COMPANY 208 N CAPITOL AVE LANSING, MI 48933	CONSTRUCTION SERVICES	35,615,323
CLIFFORD BUCK CONSTRUCTION CO 500 IRWIN AVE MUSKEGON, MI 49442	CONSTRUCTION SERVICES	7,406,817
ATHENAHEALTH INC 311 ARSENAL ST WATERTOWN, PA 02472	HEALTH CARE SERVICES	5,116,408
AMERICAN ANESTHESIOLOGY OF MI 1848 E SHERMAN BLVD STE Y MUSKEGON, MI 49444	HEALTH CARE SERVICES	3,005,886
SECURITAS SECURITY SERVICE USA 36949 SCHOOLCRAFT ROAD LIVONIA, MI 48150	HEALTH CARE SERVICES	2,656,928

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 ▶ 132

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	349,210			
	b Membership dues	1b				
	c Fundraising events	1c	21,789			
	d Related organizations	1d				
	e Government grants (contributions)	1e	17,856,497			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,026,888			
	g Noncash contributions included in lines 1a - 1f: $	1g	508,302			
	h **Total.** Add lines 1a-1f		20,254,384			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	622110	591,716,719	588,973,713	2,743,006	
	b PHARMACY REVENUE	446110	56,563,591	53,825,100	2,738,491	
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.		648,280,310			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,448,354			2,448,354
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	1,445,237				
	b Less: rental expenses	2,287,346				
	c Rental income or (loss)	-842,109				
	d Net rental income or (loss)			-842,109		-842,109
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	654,009	21,482			
	b Less: cost or other basis and sales expenses	0	1,523,814			
	c Gain or (loss)	654,009	-1,502,332			
	d Net gain or (loss)			-848,323		-848,323
	8a Gross income from fundraising events (not including $ 21,789 of contributions reported on line 1c). See Part IV, line 18	8a	36,208			
	b Less: direct expenses	8b	31,504			
	c Net income or (loss) from fundraising events			4,704		4,704
	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	424,050			
	b Less: cost of goods sold	10b	387,800			
	c Net income or (loss) from sales of inventory			36,250		36,250
	Miscellaneous Revenue	Business Code				
	11a PROVIDER INCENTIVE REV	622110	6,131,553	6,131,553		
	b MANAGEMENT SERVICES REVENUE	561000	4,077,796	4,077,796		
	c CAFETERIA	722514	1,569,003			1,569,003
	d All other revenue		11,796,975	11,796,975		
	e **Total.** Add lines 11a–11d		23,575,327			
	12 **Total revenue.** See instructions		692,908,897	664,805,137	5,481,497	2,367,879

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,805,355	3,805,355		
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	3,863,383		3,863,383	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	609,934	104,201	505,733	
7 Other salaries and wages	287,384,052	271,079,761	16,304,291	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,252,414	6,916,547	335,867	
9 Other employee benefits	33,496,207	31,420,809	2,075,398	
10 Payroll taxes	18,574,056	17,743,122	830,934	
11 Fees for services (non-employees):				
a Management				
b Legal	169,185		169,185	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	40,375			40,375
f Investment management fees	481,023		481,023	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,883,418	62,112,139	1,771,279	
12 Advertising and promotion	834,712	784,575	50,137	
13 Office expenses	8,384,730	5,501,704	2,883,026	
14 Information technology	29,465,769	26,760,811	2,704,958	
15 Royalties				
16 Occupancy	17,404,034	16,533,832	870,202	
17 Travel	543,396	457,803	85,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	950,246	877,047	73,199	
20 Interest	7,602,001	7,602,001		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,452,280	19,348,947	10,103,333	
23 Insurance	3,404,859	3,404,859		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	118,363,434	118,363,434		
b INTERCO PURCH SVCS	30,974,618	29,425,887	1,548,731	
c BAD DEBT EXPENSE	26,717,629	26,717,629		
d UBI TAXES PAID	35,000	35,000		
e All other expenses	29,521,068	28,390,635	1,130,433	
25 **Total functional expenses.** Add lines 1 through 24e	723,213,178	677,386,098	45,786,705	40,375
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	3,069,374	1	848,900
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,551,921	3	2,353,873
	4	Accounts receivable, net	82,435,918	4	57,424,223
	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	48,101,738	7	496,825
	8	Inventories for sale or use	10,330,601	8	7,880,954
	9	Prepaid expenses and deferred charges	2,020,845	9	2,502,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 683,621,158			
	b	Less: accumulated depreciation — 10b: 285,577,121	353,060,001	10c	398,044,037
	11	Investments—publicly traded securities	85,768,982	11	152,571,869
	12	Investments—other securities. See Part IV, line 11	48,993,269	12	55,694,247
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	4,308,542	14	3,243,408
	15	Other assets. See Part IV, line 11	50,842,925	15	135,426,398
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	692,484,116	16	816,487,004
Liabilities	17	Accounts payable and accrued expenses	89,207,772	17	108,228,119
	18	Grants payable		18	
	19	Deferred revenue	3,537,829	19	6,166,145
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	2,383,309	23	1,708,896
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	331,074,185	25	491,459,361
	26	**Total liabilities.** Add lines 17 through 25	426,203,095	26	607,562,521
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	258,322,479	27	201,456,244
	28	Net assets with donor restrictions	7,958,542	28	7,468,239
		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	266,281,021	32	208,924,483
	33	Total liabilities and net assets/fund balances	692,484,116	33	816,487,004

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	692,908,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	723,213,178
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,304,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	266,281,021
5	Net unrealized gains (losses) on investments	5	-511,575
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	-26,540,682
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,924,483

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: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Form 990, Part III, Line 4a:

MERCY HEALTH PARTNERS IS A TEACHING HOSPITAL WITH MULTIPLE LOCATIONS, INCLUDING THREE HOSPITALS TOTALING OVER 400 LICENSED BEDS, LOCATED IN THE MUSKEGON, MICHIGAN AREA. THE HOSPITALS HAVE OVER 64,000 INPATIENT DISCHARGES AND 103,000 EMERGENCY ROOM VISITS ANNUALLY. THE SYSTEM IS THE LARGEST EMPLOYER IN MUSKEGON COUNTY, WITH A TEAM OF MORE THAN 4,000 EMPLOYEES AND 375 PHYSICIANS COMMITTED TO THE QUALITY CARE OF PATIENTS AND THEIR FAMILIES. THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL CARE FACILITY SERVING OCEANA AND NEWAYGO COUNTIES. HEALTHGRADES HAS RANKED THE SYSTEM IN THE TOP 5% IN THE NATION FOR COMMITMENT TO CLINICAL QUALITY AND SUPERIOR PATIENT OUTCOMES.PLEASE SEE SCHEDULE H AND VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS: WWW.MERCYHEALTH.COM

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			
RICK EDGAR MD NEUROSURGEON	50.00 0.00					X		0	1,782,709	34,146
ROBERT CASALOU DIRECTOR;PRESIDENT & CEO-MICH REGION	11.00 44.00	X		X				0	1,579,544	68,419
ROGER SPOELMAN FORMER OFFICER	0.00 0.00						X	0	926,315	492,493
EDMUND HODGE DIRECTOR; TH EVP, CHRO	2.00 53.00	X						0	1,098,135	48,078
DAVID BONNEMA MD CARDIOLOGIST	50.00 0.00					X		0	928,587	38,626
IONUT ORAVITAN MD CARDIOLOGIST	50.00 0.00					X		0	811,476	40,510
MICHAEL GUSHO TREASURER; CFO-MICHIGAN REGION	10.00 40.00			X				0	680,216	141,025
CHRISTOPHER MARQUART MD NEUROSURGEON	50.00 0.00					X		0	773,157	29,184
DANIEL WEST MD CARDIOLOGIST	50.00 0.00					X		0	734,070	42,002
GARY ALLORE PRESIDENT, MERCY HEALTH MUSKEGON	53.00 2.00			X				0	599,075	48,478

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			
JEFFREY ALEXANDER VP SUBS & STRATEGY THROUGH 11/19	49.00 1.00				X			0	326,626	295,632
SALLY GUINDI SECRETARY; GEN COUNSEL-MICHIGAN	10.00 40.00			X				0	498,151	52,366
REMINGTON SPRAGUE MD VP & CMO THROUGH 1/20	48.00 2.00				X			0	477,491	72,665
MARY BOYD FORMER KE; EVP REGIONAL OPERATIONS	0.00 55.00						X	0	511,709	34,404
KRISTEN WOODS MD PRESIDENT MHPP	1.00 54.00						X	0	443,438	87,354
CAROL TARNOWSKY FORMER OFFICER; MI DPTY GEN CSL	18.00 32.00						X	0	371,464	29,378
KRISTI NAGENGAST VP FINANCE	49.00 1.00				X			0	334,150	46,539
KIMBERLY MAGUIRE FORMER KE; VP PATIENT CARE SERVICES	49.00 1.00						X	0	321,102	44,336
TOM REYNOLDS VP PHYSICIAN ALIGNMENT THR 1/20	49.00 1.00				X			0	319,277	43,192
KEN UGANSKI VP CLINICAL OPERATIONS	49.00 1.00				X			0	302,773	50,861

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			
JUSTIN GRILL DO CMO AS OF 2/20	49.00 1.00				X			311,050	0	41,739
JOHN FOSS VP OPERATIONS, MERCY LAKESHORE	49.00 1.00				X			221,158	0	40,007
JAMES WOODS DIRECTOR; CHAIR	2.00 2.00	X		X				0	0	0
DALE NESBARY PHD DIRECTOR; VICE CHAIR	2.00 2.00	X		X				0	0	0
WAYMAN BRITT DIRECTOR	2.00 2.00	X						0	0	0
DONNA DOLEMAN DIRECTOR	2.00 2.00	X						0	0	0
JAN GARFINKLE DIRECTOR	2.00 2.00	X						0	0	0
LUANN MARY HANNASCH RSM DIRECTOR	2.00 2.00	X						0	0	0
JOSE' INFANTE DIRECTOR	2.00 2.00	X						0	0	0
MARY FRANCIS LEWANDOWSKI CSSF DIRECTOR	2.00 2.00	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			
SPENCER MAIDLOW DIRECTOR	2.00 2.00	X						0	0	0
JEAN NAGELKERK PHD DIRECTOR	2.00 2.00	X						0	0	0
CANETTA REID DIRECTOR	2.00 2.00	X						0	0	0
DAVID STEINBERGER MD DIRECTOR	2.00 2.00	X						0	0	0
TERRENCE WRIGHT MD DIRECTOR THR 12/19	2.00 2.00	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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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 . . . . . _____

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)
Total						

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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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**		
b	A family member of a person described in (a) above?	**11b**		
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**		

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**		

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.			

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134000361

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
MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON	38-2589966

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		23,896
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			23,896
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:	MERCY HEALTH PARTNERS HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO NATIONAL AND REGIONAL ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MERCY HEALTH PARTNERS WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

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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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,058,265	966,727	990,851	852,697	876,454
b Contributions				350	
c Net investment earnings, gains, and losses	2,098	72,498	80,960	137,804	-33,069
d Grants or scholarships					
e Other expenditures for facilities and programs	99,234	-19,040	105,084		-9,312
f Administrative expenses					
g End of year balance	961,129	1,058,265	966,727	990,851	852,697

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
3a(i) (i) unrelated organizations	Yes	
3a(ii) (ii) related organizations		No
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,020,687		7,020,687
b Buildings		343,946,520	165,952,494	177,994,026
c Leasehold improvements		638,995	589,648	49,347
d Equipment		163,185,089	118,235,650	44,949,439
e Other		168,829,867	799,329	168,030,538
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				398,044,037

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	15,912,642	F
(B) EQUITY METHOD INVESTMENTS	29,836,204	C
(C) HEDGE FUNDS	9,945,401	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	55,694,247	

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	14,280,005
(2)INTERCOMPANY LONG TERM ASSETS	34,311,814
(3)OTHER LONG TERM ASSETS	195,710
(4)INVESTMENT IN UNCONSOLIDATED AFFILIATES	5,877,978
(5)INTERCOMPANY RECEIVABLES	66,269,923
(6)OPERATING LEASE RIGHT-OF-USE ASSETS	14,490,968
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	135,426,398

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 NOTES PAYABLE	212,473,290
(3) INTERCOMPANY ACCOUNTS PAYABLE	196,813,749
(4) SHORT TERM GUARANTEES	232,685
(5) DEFERRED COMPENSATION	1,921,177
(6) ASSET RETIREMENT OBLIGATIONS (FIN 47)	8,511,223
(7) LONG TERM GUARANTEES	1,395,610
(8) MEDICARE CASH ADVANCES	55,619,396
(9) OPERATING LEASE LIABILITIES	14,492,231
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	491,459,361

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	EXPLANATION: A PORTION OF MERCY HEALTH PARTNERS' ENDOWMENT FUNDS ARE FOR PATIENT RELATED PURPOSES INCLUDING PATIENT CARE, SPECIALIZED EQUIPMENT AND FACILITIES, FREE CARE AND OPERATIONS. THE REMAINING FUNDS ARE FOR NURSING EDUCATION AND TRAINING.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
HILLARY LYONS ASSOC PO BOX 99 DIMONDALE, MI 48821	CONSULTS IN ALL FUNDRAISING ACTIVITIES		No	1,863,212	40,375	1,822,837
Total . . . . . ▶				1,863,212	40,375	1,822,837

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MI

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 HOME & HEARTH (event type)	(b) Event #2 THE RIDE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	31,272	26,725		57,997
	2 Less: Contributions	8,413	13,376		21,789
	3 Gross income (line 1 minus line 2)	22,859	13,349		36,208
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,836		1,836
	7 Food and beverages	6,539	438		6,977
	8 Entertainment	200			200
	9 Other direct expenses	9,546	12,945		22,491
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,504
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,704

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,140,038		4,140,038	0.590 %
b Medicaid (from Worksheet 3, column a)			122,069,362	88,899,976	33,169,386	4.760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			717,771	539,349	178,422	0.030 %
d **Total** Financial Assistance and Means-Tested Government Programs			126,927,171	89,439,325	37,487,846	5.380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	28	161,057	6,174,358	1,545,924	4,628,434	0.660 %
f Health professions education (from Worksheet 5)	2	79	16,822,318	4,317,776	12,504,542	1.800 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	22,149	252,076		252,076	0.040 %
j **Total.** Other Benefits	33	183,285	23,248,752	5,863,700	17,385,052	2.500 %
k **Total.** Add lines 7d and 7j	33	183,285	150,175,923	95,303,025	54,872,898	7.880 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3		153,237	104,544	48,693	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		97,252	3,074	94,178	0.010 %
7 Community health improvement advocacy	1		4,818		4,818	0 %
8 Workforce development						
9 Other						
10 Total	5		255,307	107,618	147,689	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 26,717,629			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	106,760,948
6	Enter Medicare allowable costs of care relating to payments on line 5	6	151,671,880
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-44,910,932
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 MUSKEGON SC LLC	AMBULATORY SURGERY CTR	25.000 %		62.000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **3**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS MERCY CAMPUS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
b ☑	The FAP application form was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
c ☑	A plain language summary of the FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS HACKLEY CAMPUS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS HACKLEY CAMPUS

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
b ☑	The FAP application form was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
c ☑	A plain language summary of the FAP was widely available on a website (list url): WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MERCY HEALTH PARTNERS HACKLEY CAMPUS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MERCY HEALTH PARTNERS HACKLEY CAMPUS

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **52**

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.IN ADDITION, MHM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE FOLLOWING NUMBER, $26,717,629, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	IN FY20, MERCY HEALTH MUSKEGON ENGAGED IN COMMUNITY BUILDING ACTIVITIES IN THE FOLLOWING WAYS: MERCY CAMPUS ACTIVITIES:COMMUNITY SUPPORT - ACTIVITIES INCLUDE SUPPORT OF THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK (MCHCCN), WHICH IS THE DESIGNATED COLLABORATIVE BODY TO PLAN AND IMPLEMENT SERVICES TO END HOMELESSNESS IN MUSKEGON COUNTY. THE HEALTH PROJECT IS THE COLLABORATIVE APPLICANT ON BEHALF OF THE NETWORK FOR THE APPLICATION OF FUNDS FOR ALL AGENCIES SEEKING HUD AND MSHDA EMERGENCY SOLUTIONS GRANT (ESG) FUNDS. THE HEALTH PROJECT IS THE FIDUCIARY FOR THE HUD PLANNING GRANT, WHICH IS USED TO HIRE A CONSULTANT TO CREATE A COORDINATED ENTRY SYSTEM, REVISE THE NETWORK'S GOVERNANCE CHARTER, AND DEVELOP POLICIES AND PROCEDURES TO BE IN COMPLIANCE WITH FEDERAL AND STATE REGULATIONS. THE MCHCCN COORDINATOR IS A HEALTH PROJECT STAFF MEMBER WHO PREPARES AND SUBMITS FUNDING APPLICATIONS FOR HUD AND MSHDA ON BEHALF OF THE COMMUNITY AND IS SUPPORT STAFF TO THE VARIOUS COMMITTEES OF THE NETWORK. THE MCHCCN COORDINATOR IS ALSO RESPONSIBLE FOR THE DEVELOPMENT OF THE CONSOLIDATED HOUSING PLAN FOR MUSKEGON COUNTY TO ENSURE COORDINATION BETWEEN THE ENTITLEMENT COMMUNITIES, THE COUNTY OF MUSKEGON, AND THE NETWORK.THE HEALTH PROJECT PROVIDED TIME FOR THE HUB MANAGER TO ACT AS THE COORDINATOR FOR THE NETWORK TO ENSURE THAT THE NETWORK IS IN COMPLIANCE. A PORTION OF THE HUB MANAGER'S TIME IS ALLOCATED AS THE IN-KIND MATCH FOR THE HUD PLANNING GRANT TO FACILITATE PARTICIPATION IN NETWORK FUNCTIONS.COALITION BUILDING - WITH 10 COMMUNITY COALITIONS, MERCY HEALTH'S HEALTH PROJECT ACTS AS THE BACKBONE ORGANIZATION PROVIDING STAFF SUPPORT. WORKING WITH AREA COMMUNITY LEADERS, THE HEALTH PROJECT PROVIDES VENUE AND LOGISTICS, DEVELOPS MINUTES AND AGENDAS, AND IS THE FIDUCIARY OF MULTIPLE COMMUNITY HEALTH IMPROVEMENT (CHI) TEAMS. WITH OVER 140 LEADERS CONTRIBUTING TO THESE COALITIONS, MERCY HEALTH LEVERAGES RESOURCES FROM OVER 65 ORGANIZATIONS.COMMUNITY HEALTH IMPROVEMENT (RIDE WITH PRIDE) IS PART OF COALITION BUILDING. MERCY HEALTH SUPPORTS THE RIDE WITH PRIDE (RWP) PROGRAM THAT WAS ADMINISTERED IN EIGHT SCHOOL DISTRICTS IN FY20. THE RWP PROGRAM PROVIDES ANCILLARY SUPPORT OF THE LOCAL SCHOOL DISTRICT'S IMPLEMENTATION OF THE POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS) TIER 1 EFFORTS. PBIS ESTABLISHES THE FOUNDATION FOR DELIVERING REGULAR, PROACTIVE SUPPORT AND PREVENTING UNWANTED BEHAVIORS, EMPHASIZING PROSOCIAL SKILLS AND EXPECTATIONS BY TEACHING AND ACKNOWLEDGING APPROPRIATE STUDENT BEHAVIOR. RWP ENGAGES LAW ENFORCEMENT, BUSINESSES, SCHOOL ADMINISTRATORS, AND TEACHERS TO ENHANCE THEIR PROGRAM WITH A POSITIVE BEHAVIOR PLEDGE, PROVIDING ONGOING SUPPORT THROUGHOUT THE SCHOOL YEAR, AND INCENTIVIZING BEHAVIOR WITH FREE PRIZES, INCLUDING A CAR AT THE END OF THE YEAR. ADVOCACY FOR CHI/SAFETY - MERCY HEALTH HOSTED SEVERAL MEETINGS WITH AREA LEGISLATORS TO DISCUSS LEGISLATIVE PRIORITIES, AND OFFERED TOURS OF THE NEW MEDICAL CENTER AND BRIEFINGS ON THE NEW AMBULATORY STRATEGY, COMMUNITY BENEFIT PROGRAMS, AND MAINTAINING THE PROTECTIONS AND HEATH ACCESS FOUND UNDER THE AFFORDABLE CARE ACT. ADDITIONALLY, STAFF ATTENDED SEVERAL COUNTY COMMISSIONS, CITY COUNCIL, AND SCHOOL BOARD MEETINGS TO DISCUSS PREVENTION ISSUES AND/OR ADDRESS OTHER COMMUNITY ISSUES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	MHM USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MHM IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHM IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	MHM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."PART III, LINE 5:TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD JULY 1, 2019 THROUGH APRIL 30, 2020.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	MHM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT -MERCY HEALTH MUSKEGON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS, AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL SYSTEM USES PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTIVE SERVICES OR ARE UNINSURED. THE HOSPITAL ALSO USES PRESS-GANEY AND OTHER STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND IMPROVE INPATIENT SERVICES AND QUALITY OF CARE. THE HEALTH PROJECT DEVELOPED AND IMPLEMENTED A SOPHISTICATED INFORMATION SYSTEM THAT PROVIDES PROGRAM UTILIZATION DATA THAT INTEGRATES WITH INDIVIDUAL PATIENT DATA AND CORRELATES WITH VARIOUS SOCIAL DETERMINANTS OF HEALTH. THE SYSTEM, CALLED THE CLARKE INFORMATION SYSTEM, HELPS EVALUATE PROGRAM EFFECTIVENESS AND DIRECT DEPLOYMENT OF COMMUNITY BENEFIT SERVICES WHERE AND TO WHOM MOST NEEDED. EARLY IN 2020, THE HEALTH PROJECT CONTRACTED WITH IBM'S BLUE WOLF TEAM TO HELP ENHANCE CLARKE'S USABILITY IN THE EFFORT TO ENHANCE ENROLLMENT. ADDITIONALLY, THE FOLLOWING 11 COMMUNITY COALITIONS AND WORKGROUPS ARE CONVENED AND SUPPORTED BY THE HEALTH PROJECT. THESE COALITIONS MEET REGULARLY TO DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES. THESE ISSUES MAY OR MAY NOT BE CITED IN THE CHNA; BUT, IN ANY CASE, THE HEALTH PROJECT BRINGS THE ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE. COALITION FOR A DRUG FREE MUSKEGON COUNTYMUSKEGON ALCOHOL LIABILITY INITIATIVEKNOWSMOKE COALITION MUSKEGON AREA MEDICATION DISPOSAL PROGRAMALLIANCE FOR MARIJUANA PREVENTION TASKFORCECHARTED COALITION UPFRONT COALITIONOCEANA HEALTHBOUND COALITION ENROLL WEST MICHIGAN COMMUNITY HEALTH INNOVATION REGION (CHIR)SAFE KIDS WEST MICHIGANTHE FOLLOWING ARE THE COMMUNITY COALITIONS SUPPORTED BY MERCY HEALTH MUSKEGON AS A MEMBER OR PROVIDER THAT WORK TO ADDRESS, DIRECTLY OR INDIRECTLY, COMMUNITY HEALTH ISSUES THAT ARISE IN THE CHNA PROCESS:WEST MICHIGAN MIGRANT RESOURCE COUNCIL NORTHWEST MICHIGAN CHRONIC DISEASE COALITIONOCEANA'S HOME PARTNERSHIP OCEANA HEALTHBOUNDOCEANA LEADSMUSKEGON-OCEANA COUNTY HEALTH DISPARITIES COALITION (HDC) HEALTHY FAMILIES OF OCEANA COUNTY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHM COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. MHM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL. MHM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MHM MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

Form and Line Reference	Explanation
PART VI, LINE 4:	MUSKEGON COUNTY IS DIVERSE, RANGING FROM RURAL TO URBAN IN CHARACTER, AND IS COMPRISED OF SEVEN CITIES, THREE VILLAGES AND 16 TOWNSHIPS. THE COUNTY IS LOCATED ON THE EASTERN SHOREL INE OF LAKE MICHIGAN, ROUGHLY 35 MILES WEST OF GRAND RAPIDS. MUSKEGON COUNTY IS KNOWN FOR ITS AGRICULTURAL PRODUCTION OF FRUITS AND VEGETABLES, AS A TOURISM DESTINATION, AND AS AN INDUSTRIAL CENTER. THE COUNTY SEAT IS THE CITY OF MUSKEGON, AN URBAN COMMUNITY OF ALMOST 4 0,000 RESIDENTS. INTERSTATE I-96 AND US-31 CONNECT THE COUNTY WITH MAJOR METROPOLITAN CENT ERS TO THE EAST AND SOUTH. MUSKEGON IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, MERCY H EALTH MUSKEGON, WHICH INCLUDES THE MERCY AND HACKLEY CAMPUSES IN MUSKEGON COUNTY. THE COUN TY HAS A TOTAL AREA OF 1,459 SQUARE MILES, A POPULATION OF 173,408 PEOPLE, AND A POPULATIO N DENSITY OF 335 PEOPLE PER SQUARE MILE. THE COMPOSITION OF THE COUNTY'S POPULATION INCLUD ES 76.4% OF RESIDENTS CLASSIFIED AS NON-HISPANIC WHITE, 14.1% AS NON-HISPANIC AFRICAN AMER ICAN, 5.6% AS HISPANIC, 1% AS AMERICAN INDIAN OR ALASKA NATIVE, AND 0.7% AS ASIAN. MUSKEGO N COUNTY IS 50.2% FEMALE WITH 23.3% OF THE POPULATION LIVING IN A RURAL AREA. THE MEDIAN F AMILY INCOME IS $55,421 AND THE AVERAGE FAMILY INCOME IS $68,221. THE PER CAPITA INCOME AS OF US CENSUS (IN 2017 DOLLARS) IS $22,829. ABOUT 40.73% OF THE POPULATION IS REPORTED WIT H INCOME AT OR BELOW 200% OF FEDERAL POVERTY LINE (FPL) AND 53.78% OF CHILDREN, UNDER THE AGE OF 18, ARE AT OR BELOW 200% OF FPL.MUSKEGON COUNTY HAS HAD OVER $1 BILLION IN NEW INVE STMENT OVER THE PAST THREE YEARS, SIGNALING SIGNIFICANT ECONOMIC REVITALIZATION OF THE ARE A. IN SPITE OF THIS, THE CHAMBER OF COMMERCE INDICATES THE AREA HAS A WORKFORCE SHORTAGE A ND, AT THIS WRITING, THERE ARE APPROXIMATELY 1,000 JOB OPENINGS IN THE AREA. THE CITIES OF MUSKEGON AND MUSKEGON HEIGHTS ARE EACH DESIGNATED AS FEDERAL ENTERPRISE COMMUNITIES AND, MOST RECENTLY, FEDERAL OPPORTUNITY ZONES. THERE ARE THREE ENTITLEMENT COMMUNITIES WITHIN M USKEGON COUNTY THAT RECEIVE COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS. THE ENTITLEMENT COMMU NITIES ARE THE CITIES OF MUSKEGON, MUSKEGON HEIGHTS AND NORTON SHORES. THERE ARE ALSO TWO FEDERALLY QUALIFIED HEALTH CENTERS SERVING RESIDENTS OF MUSKEGON COUNTY; BOTH CENTERS ARE LOCATED IN THE CITY OF MUSKEGON HEIGHTS.OCEANA COUNTY IS LOCATED IMMEDIATELY NORTH OF MUSK EGON COUNTY AND ALONG THE LAKE MICHIGAN COASTLINE. OCEANA IS A RURAL COUNTY WITH THE SECON D LARGEST FRUIT TREE ACREAGE IN THE STATE. BECAUSE OF ITS PROXIMITY TO LAKE MICHIGAN, TOUR ISM ALSO PLAYS A VITAL PART IN THE LOCAL ECONOMY. OCEANA COUNTY IS COMPRISED OF TWO CITIES , TWO VILLAGES AND 16 TOWNSHIPS. THE COUNTY SEAT IS HART, MICHIGAN. OCEANA COUNTY IS RANKE D AS A HEALTH PROFESSIONAL SHORTAGE AREA AND A MEDICALLY UNDERSERVED POPULATION BY THE FED ERAL GOVERNMENT.THE COUNTY HAS A TOTAL AREA OF 1,307 SQUARE MILES AND A POPULATION OF 26,0 27 PEOPLE. THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 82.1% OF RESIDENTS CLASSIFI ED AS NON-HISPANIC WHITE, 0.6% AS NON-HISPANIC AFRICAN AMERICAN, 14.8% AS HISPANIC, 1.6% A MERICAN INDIAN OR ALASKA NATIVE, 0.1% NATIVE HAWAIIAN OR PACIFIC ISLANDER, AND 0.3% ASIAN. OCEANA COUNTY'S POPULATION IS CONSIDERED 89.9% RURAL, WITH 49.6% FEMALE. AGE DEMOGRAPHICS WERE 23.5% BELOW 18 YEARS OF AGE AND 19.7% AGE 65 AND OLDER. MASON COUNTY IS LOCATED ALON G THE SHORELINE OF LAKE MICHIGAN AND, LIKE MUSKEGON, FEATURES A DEEP-WATER PORT AND CROSS-LAKE FERRY SERVICE TO WISCONSIN. MASON COUNTY'S ECONOMY HAS BEEN DRIVEN BY BOTH AGRICULTUR AL AND TOURISM SECTORS. THE COUNTY FEATURES TWO CITIES, FOUR VILLAGES, SIX UNINCORPORATED COMMUNITIES AND 15 TOWNSHIPS. THE POPULATION DENSITY IS 58 PERSONS PER SQUARE MILE. LUDING TON IS THE LARGEST CITY AND COUNTY SEAT. A PORTION OF MASON COUNTY INCLUDES THE MANISTEE N ATIONAL FOREST. MASON COUNTY HAS A COMMUNITY HOSPITAL LOCATED IN LUDINGTON, WHICH IS AFFIL IATED WITH THE SPECTRUM HEALTH SYSTEM BASED IN GRAND RAPIDS. THE COUNTY POPULATION AS OF 2 018 WAS 28,876, AND THE POPULATION DEMOGRAPHICS OF THE COUNTY WERE 94.4% NON-HISPANIC WHIT E, 0.8% NON-HISPANIC AFRICAN AMERICAN, 1.1% AMERICAN INDIAN OR ALASKAN NATIVE, 0.7% ASIAN, AND 4.6% HISPANIC. MASON COUNTY POPULATION IS CONSIDERED 62.7% RURAL, WITH 50.1% FEMALE. AGE DEMOGRAPHICS WERE 20.7% BELOW 18 YEARS OF AGE AND 22.1% AGE 65 AND OLDER. OTTAWA COUNT Y IS LOCATED JUST SOUTH OF MUSKEGON COUNTY ON THE SHORELINE OF LAKE MICHIGAN; ITS ECONOMIC BASE INCLUDES MANUFACTURING, TOURISM, AND AGRICULTURE. IT IS HOME TO SEVERAL SMALL PRIVAT E COLLEGES AND TO GRAND VALLEY STATE UNIVERSITY, LOCATED IN ALLENDALE. THE COUNTY INCLUDES SIX CITIES, ONE VILLAGE, THREE CENSUS DESIGNATED PLACES, 37 UNINCORPORATED COMMUNITIES, A ND 17 TOWNSHIPS. THE LARGEST CITY IS HOLLAND AND THE COUNTY SEAT IS LOCATED IN GRAND HAVEN . POPULATION DENSITY IN THE COUNTY IS 509 INDIVIDUALS PER SQUARE MILE. OTTAWA IS HOME TO T HREE COMMUNITY HOSPITALS, TWO OF WHICH, LOCATED IN THE SOUTHERN PART OF THE COUNTY, ARE AF FILIATED WITH THE GRAND RAPIDS-BASED SPECTRUM HEAL

Form and Line Reference	Explanation
PART VI, LINE 4:	TH SYSTEM. AS OF THE 2018 COUNTY HEALTH RANKINGS, THERE WERE 282,250 PEOPLE RESIDING IN TH E COUNTY. POPULATION DEMOGRAPHICS FOR OTTAWA COUNTY RESIDENTS WERE 84.2% NON-HISPANIC WHIT E, 2.9% ASIAN, 1.5% NON-HISPANIC AFRICAN AMERICAN, 0.6% AMERICAN INDIAN OR ALASKAN NATIVE, AND 9.5% HISPANIC. THE POPULATION OF OTTAWA COUNTY WAS CONSIDERED 20.3% RURAL, WITH FEMAL ES COMPRISING 50.7% OF THE POPULATION. IN ADDITION, THE AGE DEMOGRAPHICS OF OTTAWA COUNTY SHOWED 24.4% BELOW 18 YEARS OF AGE AND 14.0% AGE 65 AND OLDER. NEWAYGO COUNTY IS LOCATED N ORTHEAST OF MUSKEGON COUNTY AND NORTH OF THE MUCH LARGER GRAND RAPIDS METROPOLITAN AREA. N EWAYGO ALSO RELIES ON TOURISM AS ITS MAIN ECONOMIC BASE, ALONG WITH AGRICULTURE AND MANUFA CTURING. DUE TO ITS PROXIMITY TO MUSKEGON AND GRAND RAPIDS, MANY RESIDENTS OF NEWAYGO COUN TY COMMUTE TO JOBS IN THE LARGER COMMUNITIES. NEWAYGO HAS TWO CITIES, THREE VILLAGES AND 2 4 TOWNSHIPS; THE COUNTY SEAT IS WHITE CLOUD. POPULATION DENSITY IS APPROXIMATELY 56 PEOPLE PER SQUARE MILE. NEWAYGO IS DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA AND A MEDIC ALLY UNDERSERVED POPULATION AREA. NEWAYGO IS ALSO SERVED BY GERBER MEMORIAL COMMUNITY HOSP ITAL, WHICH IS AFFILIATED WITH GRAND RAPIDS-BASED SPECTRUM HEALTH.AS OF THE 2018 COUNTY HE ALTH RANKINGS, THERE WERE 47,938 PEOPLE RESIDING IN THE COUNTY. POPULATION DEMOGRAPHICS FO R NEWAYGO COUNTY RESIDENTS WERE 90.7% NON-HISPANIC WHITE, 0.5% ASIAN, 1.1% NON-HISPANIC AF RICAN AMERICAN, 0.9% AMERICAN INDIAN OR ALASKAN NATIVE, AND 5.6% HISPANIC. THE POPULATION OF NEWAYGO COUNTY WAS CONSIDERED 83.8% RURAL, WITH FEMALES COMPRISING 49.7% OF THE POPULAT ION. IN ADDITION, THE AGE DEMOGRAPHICS OF NEWAYGO COUNTY SHOWED 22.6% BELOW 18 YEARS OF AG E AND 18.7% AGE 65 AND OLDER.

Form and Line Reference	Explanation
PART VI, LINE 5:	OTHER INFORMATION - THE MAJORITY OF THE GOVERNING BODY OF MHM IS PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATIO N, OR FAMILY MEMBERS. SINCE MHM OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA C OUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. AVAILAB LE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. S INCE PASSAGE OF THE AFFORDABLE CARE ACT (ACA), HEALTH COVERAGE HAS REMAINED RELATIVELY STA BLE IN THE REGION. MUSKEGON COUNTY'S RATE OF UNINSURED RESIDENTS IS 6.1%, WHILE OCEANA'S I S 10.4%. MHM'S FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA OR IN MICHIGAN M EDICAID (AS QUALIFIED) AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS. OUR SUBSIDIARY AND COMMUNITY BENEFIT MINISTRY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROA CTIVE IN WORKING WITH MHM'S MEDICAL DEPARTMENTS, MEDICAL PRACTICES, TWO FQHCS, AND MANY CO MMUNITY AND FAITH-BASED HEALTH AND HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION. THE STREAMLINED ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDING IN A SINGLE FORM ALL INFORMATION DEEMED ESSENTIAL FOR D ETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERVICES. THE OUTREACH PROGRAM AND IT S TEAM SERVED 967 PERSONS WITHIN THREE COUNTIES AT EIGHT EVENTS FROM JULY 2019 THROUGH JAN UARY 2020. THEY PROVIDED BLOOD PRESSURE, BLOOD SUGAR, AND SMOKERLYZER TESTING, ALONG WITH SOME VISION SCREENINGS WHEN POSSIBLE. ADDITIONALLY, OUR OUTREACH TEAM PROVIDED HEALTH AND ENROLLMENT INFORMATION AT 19 COMMUNITY GATHERINGS SERVING 3,791 PERSONS. THE GOALS INCLUDE REDUCING EMERGENCY DEPARTMENT VISITS AND AVOIDABLE HOSPITALIZATIONS BY SCREENING AND ALER TING PATIENTS TO TREATABLE PROBLEMS THAT COULD ESCALATE INTO SERIOUS OR LIFE-THREATENING S ITUATIONS. NOTE: DUE TO COVID-19, OUR OUTREACH PROGRAM DID NOT OPERATE DURING THE SPRING A ND SUMMER OF 2020 DUE TO FURLOUGHS AND THE COVID-19 PANDEMIC.MERCY HEALTH MUSKEGON'S COMMU NITY BENEFIT MINISTRY, THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS: 1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS), 2) PROCUREMENT OF INTERIM MEDI CATIONS AND SUPPLIES DURING THE APPLICATION PROCESS PERIOD, AND 3) LOW-INCOME PHARMACY PRO GRAM, WHICH PROVIDES MANY GENERIC DRUGS AT REDUCED PRICES. THIS PROGRAM COLLABORATES WITH A LOCAL FAITH-BASED ORGANIZATION TO PROVIDE LOW-INCOME, UNINSURED PERSONS WITH THE PRESCRI PTION DRUGS THEY NEED TO MANAGE CHRONIC DISEASES. THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITING TO BE ENROLLED IN THE PAPS. THE HEALTH PROJECT'S PROGRAM IS SUPPORTED 100% BY MHM'S COMMUNITY BENEFIT FUNDING.IN PARTNERSH IP WITH MERCY HEALTH PHYSICIAN PARTNERS, THE HEALTH PROJECT HAS BEEN OPERATING THE MUSKEGO N AREA MEDICATION DISPOSAL PROJECT (MAMDP) SINCE LATE 2010. THE MAMDP FOCUSES ON THE PRESC RIPTION DRUG TAKE-BACK PROGRAM, IMPLEMENTING TWO COMMUNITY EVENTS AS WELL AS PERMANENT COL LECTION SITES AT ALL AREA POLICE STATIONS AND AT EIGHT LOCAL PHARMACIES. TO DATE, THEY HAV E COLLECTED OVER 38,000 POUNDS OF MATERIALS. THE HEALTH PROJECT ADVISORY BOARD OF DIRECTOR S AWARDS SEVERAL GRANTS ANNUALLY TO COMMUNITY ORGANIZATIONS WHO ADDRESS THE RANKED HEALTH NEEDS LISTED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. IN JULY OF 2019, THE BO ARD AWARDED $150,000 IN GRANTS TO EIGHT ORGANIZATIONS: ALTERNATIVES IN MOTION, ARBOR CIRCL E, COMMUNITY ENCOMPASS, FRESH COAST ALLIANCE, HARBOR HOSPICE, MUSKEGON COMMUNITY COLLEGE, MUSKEGON YOUNG MEN'S ASSOCIATION, AND READ MUSKEGON.MHM'S DEPARTMENTS ARE ACTIVELY INVOLVE D IN COMMUNITY PROGRAMS. OUTREACH AND ENROLLMENT SPECIALISTS CONDUCT HEALTH AND HUMAN SERV ICE ELIGIBILITY SCREENINGS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE HOS PITAL OR EMERGENCY DEPARTMENT. THE SCREENINGS INCLUDE ELIGIBILITY FOR MEDICAID, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE PROGR AM, AND FOR THE HOSPITALS' FINANCIAL ASSISTANCE PROGRAM. MHM PARTICIPATES IN THE UNITED WA Y DAY OF CARING. THE ANNUAL HEALTHY-U EVENT IS CONDUCTED TO EDUCATE THE COMMUNITY ABOUT HE ART HEALTH AND PROVIDES WORKSHOPS AND PROGRAMS AT NO COST. MHM SUPPORTS EVENTS SUCH AS THE AFRICAN-AMERICAN DIABETES CONFERENCE AND THE MEN'S HEALTH FAIR AND SCREENING. THESE EVENT S ARE HELD TO PROVIDE INFORMATION, EDUCATION, AND REFERRAL TO THE GENERAL PUBLIC, TARGETIN G UNDERSERVED POPULATION SEGMENTS.MHM CONDUCTS EXTENSIVE COMMUNITY-BASED SCREENINGS AT CHU RCHES AND OTHER VENUES AROUND THE COMMUNITY. BIRTHING CLASSES ARE OFFERED TO EVERYONE IN T HE COMMUNITY. MHM PROVIDES ITS FACILITIES TO NON-PROFIT ORGANIZATIONS FOR MEETINGS AND COM MUNITY ACTIVITIES. MEDICAL AND ADMINISTRATIVE STAFF SIT ON COMMUNITY COALITIONS THAT TARGE T AREAS OF COMMUNITY NEED, INCLUDING HIV/AIDS, DIA

Form and Line Reference	Explanation
PART VI, LINE 5:	BETES, CHILDHOOD OBESITY, HEALTH DISPARITIES, ASTHMA, ALCOHOL, AND TOBACCO AND SUBSTANCE A BUSE. MHM ALSO GIVES MONEY TO SUPPORT THE COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1 -1) INFORMATION AND REFERRAL PHONE LINE, AND ACCESS HEALTH (A COMMUNITY HEALTH COVERAGE PR OGRAM). "SAFE KIDS WEST MICHIGAN" IS A PROGRAM THROUGH MHM'S COMMUNITY DEVELOPMENT DEPARTM ENT THAT WORKS WITH PARENTS AND KIDS TO PREVENT ACCIDENTAL INJURY TO CHILDREN AGES 0-14. T HE GOAL IS TO REDUCE THE OVERALL RATE OF UNINTENTIONAL INJURIES TO CHILDREN IN WEST MICHIG AN. ANNUAL EARNINGS FROM MHM'S SISTER SIMONE COURTADE ENDOWMENT FUND ARE DIRECTED TO COMMU NITY GROUPS FOR PROJECTS TO IMPROVE THE HEALTH OF THE COMMUNITY. ELEVEN NON-PROFIT COMMUNI TY HEALTH AND HUMAN SERVICE ORGANIZATIONS RECEIVED $103,000 TO SUPPORT SERVICE PROGRAMS FR OM JULY 1, 2019 THROUGH JUNE 30, 2020. MHM OPERATES A SCHOOL-BASED HEALTH CENTER AT OAKRID GE SCHOOLS. STUDENTS WHO ARE PRONE TO HIGH-RISK BEHAVIORS AND/OR ARE PRONE TO FUTURE MEDIC AL CONDITIONS (HYPERTENSION, DIABETES, ETC.), INCLUDING THEIR FAMILIES, ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO GUIDE THEM THROUGH BEHAVIOR CHANGES AND CARE COORDINATION TO HE LP PROMOTE A HEALTHIER OUTCOME IN ADULTHOOD.MHM COLLEAGUES PARTICIPATE AND CHAIR COMMITTEE S WITHIN THE MUSKEGON/OCEANA HOMELESS CONTINUUM OF CARE, HELPING TO INSURE THAT MEDICALLY FRAGILE, HOMELESS MEMBERS OF THE COMMUNITY ARE MATCHED WITH APPROPRIATE EMERGENCY, TRANSIT IONAL AND PERMANENT HOUSING FOR THEIR MEDICAL AND SOCIAL NEEDS.IN FY20, MERCY HEALTH MUSKE GON CONTINUED TO WORK ON THE HEALTHY VENDING INITIATIVE AS WELL AS TOBACCO 21. ALREADY A S MOKE-FREE CAMPUS, FURTHER WORK WAS DONE TO MAKE SMOKING CESSATION MATERIALS AND SUPPORT AV AILABLE TO EMPLOYEES, PATIENTS, AND COMMUNITY MEMBERS, AND TO OFFER ADDITIONAL CESSATION C LASSES ON EACH HOSPITAL CAMPUS.IN FY18, MERCY HEALTH MUSKEGON BEGAN ROLLING OUT A COMPREHE NSIVE SOCIAL INFLUENCER OF HEALTH SURVEY TO BE ADMINISTERED AT ALL PROVIDER OFFICES, EMERG ENCY ROOMS, AND COMMUNITY-BASED ORGANIZATIONS. THIS WORK HAS CONTINUED THROUGH FY20, AND T RAININGS WERE DEVELOPED TO SUPPORT EACH OFFICE OR PRACTICE WITH REFERRING PATIENTS TO APPR OPRIATE RESOURCES TO ADDRESS ANY SOCIAL INFLUENCERS OF HEALTH NEEDS THAT AROSE. TO DATE OV ER 127,000 UNIQUE PATIENTS HAVE BEEN SCREENED. IN JANUARY OF 2020, TRINITY HEALTH IMPLEMEN TED THE EPIC ELECTRONIC MEDICAL RECORD (EHR), WHICH ALLOWS BOTH ACUTE AND PRIMARY CARE OFF ICES TO PROVIDE SCREENING. MERCY HEALTH LEADERS WORKED WITH EPIC AND TRINITY HEALTH ON SIO H SCREENING CRITERIA AND PROTOCOLS PRIOR TO IMPLEMENTATION TO BE ABLE TO SCREEN ALL PATIEN TS AT LEAST ONCE A YEAR.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	MHM IS A MEMBER OF TRINITY HEALTH, 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, HEALTH CARE 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 (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.

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MERCY HEALTH PARTNERS MERCY CAMPUS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 WWW.MERCYHEALTH.COM LICENSE 1060000188	X	X		X			X			
2	MERCY HEALTH PARTNERS HACKLEY CAMPUS 1700 CLINTON STREET MUSKEGON, MI 49442 WWW.MERCYHEALTH.COM LICENSE 1060000032	X	X					X			
3	MERCY HEALTH PARTNERS LAKESHORE CAMPUS 72 S STATE STREET SHELBY, MI 49455 WWW.MERCYHEALTH.COM LICENSE 1060000153	X	X			X		X			

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

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 3J: MERCY HEALTH MUSKEGON'S (MHM) FY19 CHNA ALSO INCLUDED:- INTRODUCTION AND MISSION STATEMENT REVIEW - REFLECTIONS ON THE CHNA PROCESS: COMMUNITY ENGAGEMENT, PROCESS AND FEEDBACK- FIVE APPENDICES, INCLUDING (FOR TWO COUNTIES): COMMUNITY SURVEY, COMMUNITY CENSUS DATA TABLES; CHILDCARE PROVIDER ANALYSIS; MICHIGAN LEAGUE FOR PUBLIC POLICY COUNTY HEALTH RANKINGS DATA; UPDATE ON FY16 CHNA REPORTMERCY HEALTH PARTNERS MERCY CAMPUS:PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS INCLUDED IN ITS JOINT FY19 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY2019 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: MUSKEGON COUNTY 1. CHILDCARE - AFFORDABILITY2. SUBSTANCE USE - OPIOID EDUCATION2. EMPLOYMENT - NEED FOR SKILL BUILDING3. EDUCATION - TRADES AND/OR TECHNICAL TRAINING4. CHILDCARE - AVAILABILITY5. EDUCATION - SPECIAL EDUCATION5. HOUSING - WHERE TO GET HELP6. NUTRITION - COST OF HEALTHY FOOD7. NUTRITION - AVAILABILITY OF HEALTHY FOOD8. STI/STD - WHAT PROTECTS FROM INFECTION8. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW9. ADVANCE DIRECTIVESOCEANA COUNTY 1. HOUSING - WHERE TO GET HELP2. CHILDCARE - AFFORDABILITY3. NUTRITION - COST OF HEALTHY FOOD3. EMPLOYMENT - SKILLS BUILDING4. CHILDCARE - AVAILABILITY4. SUBSTANCE USE - OPIOID EDUCATION5. EDUCATION - TRADES AND/OR TECHNICAL TRAINING6. NUTRITION - AVAILABILITY OF HEALTHY FOOD7. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW8. EDUCATION - SPECIAL EDUCATION9. STD/STI - MYTHS ABOUT WHAT PROTECTS FROM INFECTION10. ADVANCE DIRECTIVES

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

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS LAKESHORE CAMPUS	PART V, SECTION B, LINE 3J: MERCY HEALTH MUSKEGON'S (MHM) FY19 CHNA ALSO INCLUDED:- INTRODUCTION AND MISSION STATEMENT REVIEW - REFLECTIONS ON THE CHNA PROCESS: COMMUNITY ENGAGEMENT, PROCESS AND FEEDBACK- FIVE APPENDICES, INCLUDING (FOR TWO COUNTIES): COMMUNITY SURVEY, COMMUNITY CENSUS DATA TABLES; CHILDCARE PROVIDER ANALYSIS; MICHIGAN LEAGUE FOR PUBLIC POLICY COUNTY HEALTH RANKINGS DATA; UPDATE ON FY16 CHNA REPORTMERCY HEALTH PARTNERS LAKESHORE CAMPUS:PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS INCLUDED IN ITS JOINT FY19 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY2019 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: MUSKEGON COUNTY 1. CHILDCARE - AFFORDABILITY2. SUBSTANCE USE - OPIOID EDUCATION2. EMPLOYMENT - NEED FOR SKILL BUILDING3. EDUCATION - TRADES AND/OR TECHNICAL TRAINING4. CHILDCARE - AVAILABILITY5. EDUCATION - SPECIAL EDUCATION5. HOUSING - WHERE TO GET HELP6. NUTRITION - COST OF HEALTHY FOOD7. NUTRITION - AVAILABILITY OF HEALTHY FOOD8. STI/STD - WHAT PROTECTS FROM INFECTION8. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW9. ADVANCE DIRECTIVESOCEANA COUNTY 1. HOUSING - WHERE TO GET HELP2. CHILDCARE - AFFORDABILITY3. NUTRITION - COST OF HEALTHY FOOD3. EMPLOYMENT - SKILLS BUILDING4. CHILDCARE - AVAILABILITY4. SUBSTANCE USE - OPIOID EDUCATION5. EDUCATION - TRADES AND/OR TECHNICAL TRAINING6. NUTRITION - AVAILABILITY OF HEALTHY FOOD7. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW8. EDUCATION - SPECIAL EDUCATION9. STD/STI - MYTHS ABOUT WHAT PROTECTS FROM INFECTION10. ADVANCE DIRECTIVES

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS HACKLEY CAMPUS	PART V, SECTION B, LINE 3J: MERCY HEALTH MUSKEGON'S (MHM) FY19 CHNA ALSO INCLUDED:- INTRODUCTION AND MISSION STATEMENT REVIEW - REFLECTIONS ON THE CHNA PROCESS: COMMUNITY ENGAGEMENT, PROCESS AND FEEDBACK- FIVE APPENDICES, INCLUDING (FOR TWO COUNTIES): COMMUNITY SURVEY, COMMUNITY CENSUS DATA TABLES; CHILDCARE PROVIDER ANALYSIS; MICHIGAN LEAGUE FOR PUBLIC POLICY COUNTY HEALTH RANKINGS DATA; UPDATE ON FY16 CHNA REPORTMERCY HEALTH PARTNERS HACKLEY CAMPUS:PART V, SECTION B, LINE 3E:MERCY HEALTH PARTNERS INCLUDED IN ITS JOINT FY19 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY2019 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: MUSKEGON COUNTY 1. CHILDCARE - AFFORDABILITY2. SUBSTANCE USE - OPIOID EDUCATION2. EMPLOYMENT - NEED FOR SKILL BUILDING3. EDUCATION - TRADES AND/OR TECHNICAL TRAINING4. CHILDCARE - AVAILABILITY5. EDUCATION - SPECIAL EDUCATION5. HOUSING - WHERE TO GET HELP6. NUTRITION - COST OF HEALTHY FOOD7. NUTRITION - AVAILABILITY OF HEALTHY FOOD8. STI/STD - WHAT PROTECTS FROM INFECTION8. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW9. ADVANCE DIRECTIVESOCEANA COUNTY 1. HOUSING - WHERE TO GET HELP2. CHILDCARE - AFFORDABILITY3. NUTRITION - COST OF HEALTHY FOOD3. EMPLOYMENT - SKILLS BUILDING4. CHILDCARE - AVAILABILITY4. SUBSTANCE USE - OPIOID EDUCATION5. EDUCATION - TRADES AND/OR TECHNICAL TRAINING6. NUTRITION - AVAILABILITY OF HEALTHY FOOD7. EMPLOYMENT - WHO YOU KNOW, NOT WHAT YOU KNOW8. EDUCATION - SPECIAL EDUCATION9. STD/STI - MYTHS ABOUT WHAT PROTECTS FROM INFECTION10. ADVANCE DIRECTIVES

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 5: THE MHM FY2019 CHNA PROCESS BEGAN IN MARCH 2018 AND CONCLUDED I N SEPTEMBER 2018, WITH A 24-MEMBER ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTEREST S IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT MINISTRY OF MHM. THE HEALTH PROJECT IS ESSENTIALLY THE COMMUNITY BENEFIT ARM OF MHM, AND PROVIDES FREE HEALTHCARE SUPPORT, AD VOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPA NTS IN THE CHNA PROCESS INCLUDED: UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEAL TH, DISTRICT HEALTH DEPARTMENT #10, HARBOR HOSPICE, HEALTHWEST-COMMUNITY MENTAL HEALTH SER VICES OF MUSKEGON COUNTY, MUSKEGON SUPERINTENDENTS GROUP, MUSKEGON COUNTY PROSECUTOR'S OFF ICE, MERCY HEALTH MUSKEGON HOSPITALS, MERCY HEALTH LAKESHORE HOSPITAL, SPECTRUM HEALTH SYS TEM, LITTLE RIVER BAND OF OTTAWA INDIAN NATION, PACE/LIFECIRCLES, MI HISPANIC LATINO COMMI SSION, DRUG FREE COMMUNITIES COALITION, HEALTH BOUND COALITION, UNIONS/ELECTRICIANS, HARA/ HOMELESS CONTINUUM OF CARE, MUSKEGON AREA TRANSIT SYSTEM, MUSKEGON CHAMBER OF COMMERCE, R AMOS AUTO BODY, GREAT START COLLABORATIVE THROUGH MUSKEGON ISD, MUSKEGON YOUNG BLACK PROFE SSIONALS, MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION, AND MUSKEGON COMM UNITY COLLEGE.COMMUNITY PARTICIPATION AND INPUT: THE ENGAGEMENT STRATEGY INCLUDED A COMMUN ITY SURVEY WITH PARTICIPATION BY 2,067 RESIDENTS, SEVEN MULTI-SITE FOCUS GROUPS, TWO TOWN HALLS, AND A NEIGHBORHOOD LEVEL OPINION SURVEY OF 91 RESIDENTS FROM MUSKEGON COUNTY CENSUS TRACT 14.2, WHICH IS IN THE CITY OF MUSKEGON HEIGHTS, A MAJORITY AFRICAN AMERICAN CITY. T HE OPINION SURVEY, CONDUCTED BY RESIDENT VOLUNTEERS, INFORMS INDIVIDUALS OF THE CHNA PROCE SS AND ALSO ENSURES THAT INPUT FROM INDIVIDUALS LIVING IN OUR URBAN CENTER HAS BEEN DIRECT LY INCORPORATED INTO THE CHNA PROCESS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTI ONS FOCUSING ON: HOUSEHOLD INFORMATION, DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HE ALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, ADVERSE CHILDHOOD EVENTS (ACE), PHYSICAL ACTIVI TY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, END- OF-LIFE PLANNING, AND DEMOGRAPHIC CHARACTERISTICS. SURVEY METHODOLOGIES INCLUDED VOLUNTEER -ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY. A TOTAL OF SIX FOCUS GROUPS AND TWO TOWN HALLS WERE CONDUCTED ACROSS THREE COUNTIES TO RECEIVE AD DITIONAL INPUT FROM COMMUNITY MEMBERS INTO THE CHNA DECISION-MAKING PROCESS. EACH FOCUS GR OUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHI CS. EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FA CILITATED. ONCE SURVEYS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED IN STAKEHOLDER GR OUPS ACROSS THE SERVICE AREA. "GET FEED BACK" WAS USED TO CAPTURE THE INFORMATION IN REAL TIME. FOCUS GROUPS AND TOWN HA

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	LLS WERE RUN FROM SEPTEMBER 2018 THROUGH OCTOBER 2018, RANKING SESSIONS BEGAN IN THE LATTE R HALF OF OCTOBER 2018, THE HEALTH PROJECT BOARD STRATEGIC PRIORITY RANKING SESSION WAS IN NOVEMBER 2018, AND MHM BOARD OF DIRECTORS STRATEGIC PRIORITY RANKING SESSION WAS IN DECEM BER 2018.

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Form and Line Reference	Explanation
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MERCY HEALTH PARTNERS HACKLEY CAMPUS	LLS WERE RUN FROM SEPTEMBER 2018 THROUGH OCTOBER 2018, RANKING SESSIONS BEGAN IN THE LATTE R HALF OF OCTOBER 2018, THE HEALTH PROJECT BOARD STRATEGIC PRIORITY RANKING SESSION WAS IN NOVEMBER 2018, AND MHM BOARD OF DIRECTORS STRATEGIC PRIORITY RANKING SESSION WAS IN DECEM BER 2018.

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

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 6A: THE FY19 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON: MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE MERCY AND HACKLEY CAMPUSES ARE FULL-SERVICE, ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

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

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS LAKESHORE CAMPUS	PART V, SECTION B, LINE 6A: THE FY19 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON: MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE MERCY AND HACKLEY CAMPUSES ARE FULL-SERVICE, ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

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

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 7D: IN JUNE 2019, MHM'S MARKETING DEPARTMENT PUBLISHED FIVE SINGLE-PAGE CHNA SUMMARIES ON CHILDCARE, EMPLOYMENT, HOUSING, NUTRITION, AND OPIOIDS THAT HAVE BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. THEY ARE ALSO AVAILABLE AT HEALTH PROJECT OFFICES. THE FY19 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEBSITE AND THE HEALTH PROJECT'S WEBSITE. A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE MHM BOARD, THE HEALTH PROJECT BOARD, AND THE 24-MEMBER ADVISORY COUNCIL LISTED IN LINE 5. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER, PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK, DESIGNED BY OUR MEDIA CONSULTANTS.

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

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

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MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 11: IN FY20, MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPU S, AND MERCY HEALTH LAKESHORE CAMPUS COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS I DENTIFIED IN THE FY19 CHNA. 1. CHILDCARE - AFFORDABILITY: MHM DEVELOPED A CHILDCARE AFFORD ABILITY AND AVAILABILITY SUB-GROUP IN APRIL 2019, SETTING THE FRAMEWORK FOR THE WORKGROUP. THIS WORKGROUP WAS FORMALIZED WITHIN THE COMMUNITY DURING THE 100-DAY CHALLENGE WHEN THE UNITED WAY OF THE LAKESHORE ASKED TO FURTHER FACILITATE THE TEAM. THEY DEVELOPED A STRATEG IC PLAN TO: (1) CREATE A COMMUNITY HUB OR SHARED SERVICES PROGRAM THAT WOULD INCREASE CAPA CITY FOR AREA DAYCARE PROVIDERS; (2) INCREASE THE AVAILABILITY OF NEW DAYCARE PROVIDERS IN THE MUSKEGON AREA; AND (3) SEEK OUT ADDITIONAL RESOURCES OR MECHANISMS BY WHICH TO FINANC IALLY SUPPORT DAYCARE ACCESS. MERCY HEALTH PROVIDED A $25,000 COMMUNITY BENEFIT BOARD INIT IATIVE (CBBI) GRANT FOR THIS WORK TO CONTINUE. 2. SUBSTANCE USE - OPIOID EDUCATION: MHM IS A MEMBER OF THE OPIATE TASK FORCE, WHICH IS A COMMUNITY-RUN GROUP. THE MEDICATION ASSISTE D THERAPY (MAT) TEAM FOR MERCY HEALTH DID NOT FORMALLY CONTINUE AS BOTH THE MEDICAL DIRECT OR AND PHYSICIAN ASSISTANT DEDICATED TO THE PROGRAM LEFT THE ORGANIZATION JUST PRIOR TO TH E COVID-19 PANDEMIC. MAT IS PROVIDED IN MUSKEGON BY THREE ORGANIZATIONS WHO WERE ABLE TO A BSORB ANY PATIENTS UTILIZING THE SERVICES. MHM ADDED SIX RECOVERY COACHES ACROSS THE ENTIR E SERVICE AREA. MHM IS THE FIDUCIARY AND HOST FOR THE COALITION OF DRUG-FREE MUSKEGON, WHI CH HAS MULTIPLE PREVENTION STRATEGIES AROUND TOBACCO, MARIJUANA, ALCOHOL, PRESCRIPTION DRU GS AND OPIATE USE REDUCTIONS. MERCY HEALTH SUPPORTS A SUSTAINED MEDICATION TAKE BACK AND D ISPOSAL PROGRAM CALLED THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP), WHICH COLLEC TS MATERIALS FROM EIGHT PHARMACY LOCATIONS, 13 LAW ENFORCEMENT LOCATIONS, AND HAS TWO TAKE BACK EVENTS EVERY YEAR. MHM HAS ALSO BEEN ACTIVELY ENGAGED IN THE INTERNAL OPIOID UTILIZA TION REDUCTION (OUR) INITIATIVE, DESIGNED FOR SYSTEM READINESS AND EXPANSION AROUND OPIATE SOURCE REDUCTION. MERCY HEALTH AND THE PHYSICIAN ORGANIZATION FORMALLY ADOPTED NEW PROTOC OLS, PATIENT ATTESTATIONS, AND DEVELOPED PATIENT EDUCATION MATERIALS THAT HAVE SIGNIFICANT LY REDUCED OPIATE PRESCRIBING. 3. EMPLOYMENT: MHM DEVELOPED EMPLOYMENT AND EDUCATION WORKG ROUPS DESIGNED TO ADDRESS THE FINDINGS OF THE CURRENT CHNA. THIS TOPIC WAS ALSO RECOGNIZED BY THE 100-DAY CHALLENGE AND TWO WORK TEAMS WERE DEVELOPED, INCLUDING ONE FOR RECORD EXPU NGEMENT FOR PREVIOUS DRUG-RELATED AND NONVIOLENT CRIMES WHICH HELD TWO EXPUNGEMENT CLINICS . MHM STARTED THE ASSESSMENT OF EXISTING WORKFORCE DEVELOPMENT PROGRAMS AVAILABLE WITHIN T HE SERVICE AREA. MHM BEGAN EXPANDING THEIR EDUCATIONAL PROGRAM TO ALLOW AND ENGAGE STUDENT INTERNS IN SPECIFIC JOB CLASSIFICATIONS TO CONDUCT EDUCATIONAL REQUIREMENTS ON CAMPUS, AC ROSS THE SERVICE REGION. THE JOB CLASSIFICATIONS INCLUDE THOSE WITH POTENTIAL CAREER PATHW AYS INTO THE HEALTH CARE PROFE

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MERCY HEALTH PARTNERS HACKLEY CAMPUS	PART V, SECTION B, LINE 11: IN FY20, MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPU S, AND MERCY HEALTH LAKESHORE CAMPUS COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS I DENTIFIED IN THE FY19 CHNA. 1. CHILDCARE - AFFORDABILITY: MHM DEVELOPED A CHILDCARE AFFORD ABILITY AND AVAILABILITY SUB-GROUP IN APRIL 2019, SETTING THE FRAMEWORK FOR THE WORKGROUP. THIS WORKGROUP WAS FORMALIZED WITHIN THE COMMUNITY DURING THE 100-DAY CHALLENGE WHEN THE UNITED WAY OF THE LAKESHORE ASKED TO FURTHER FACILITATE THE TEAM. THEY DEVELOPED A STRATEG IC PLAN TO: (1) CREATE A COMMUNITY HUB OR SHARED SERVICES PROGRAM THAT WOULD INCREASE CAPA CITY FOR AREA DAYCARE PROVIDERS; (2) INCREASE THE AVAILABILITY OF NEW DAYCARE PROVIDERS IN THE MUSKEGON AREA; AND (3) SEEK OUT ADDITIONAL RESOURCES OR MECHANISMS BY WHICH TO FINANC IALLY SUPPORT DAYCARE ACCESS. MERCY HEALTH PROVIDED A $25,000 COMMUNITY BENEFIT BOARD INIT IATIVE (CBBI) GRANT FOR THIS WORK TO CONTINUE. 2. SUBSTANCE USE - OPIOID EDUCATION: MHM IS A MEMBER OF THE OPIATE TASK FORCE, WHICH IS A COMMUNITY-RUN GROUP. THE MEDICATION ASSISTE D THERAPY (MAT) TEAM FOR MERCY HEALTH DID NOT FORMALLY CONTINUE AS BOTH THE MEDICAL DIRECT OR AND PHYSICIAN ASSISTANT DEDICATED TO THE PROGRAM LEFT THE ORGANIZATION JUST PRIOR TO TH E COVID-19 PANDEMIC. MAT IS PROVIDED IN MUSKEGON BY THREE ORGANIZATIONS WHO WERE ABLE TO A BSORB ANY PATIENTS UTILIZING THE SERVICES. MHM ADDED SIX RECOVERY COACHES ACROSS THE ENTIR E SERVICE AREA. MHM IS THE FIDUCIARY AND HOST FOR THE COALITION OF DRUG-FREE MUSKEGON, WHI CH HAS MULTIPLE PREVENTION STRATEGIES AROUND TOBACCO, MARIJUANA, ALCOHOL, PRESCRIPTION DRU GS AND OPIATE USE REDUCTIONS. MERCY HEALTH SUPPORTS A SUSTAINED MEDICATION TAKE BACK AND D ISPOSAL PROGRAM CALLED THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP), WHICH COLLEC TS MATERIALS FROM EIGHT PHARMACY LOCATIONS, 13 LAW ENFORCEMENT LOCATIONS, AND HAS TWO TAKE BACK EVENTS EVERY YEAR. MHM HAS ALSO BEEN ACTIVELY ENGAGED IN THE INTERNAL OPIOID UTILIZA TION REDUCTION (OUR) INITIATIVE, DESIGNED FOR SYSTEM READINESS AND EXPANSION AROUND OPIATE SOURCE REDUCTION. MERCY HEALTH AND THE PHYSICIAN ORGANIZATION FORMALLY ADOPTED NEW PROTOC OLS, PATIENT ATTESTATIONS, AND DEVELOPED PATIENT EDUCATION MATERIALS THAT HAVE SIGNIFICANT LY REDUCED OPIATE PRESCRIBING. 3. EMPLOYMENT: MHM DEVELOPED EMPLOYMENT AND EDUCATION WORKG ROUPS DESIGNED TO ADDRESS THE FINDINGS OF THE CURRENT CHNA. THIS TOPIC WAS ALSO RECOGNIZED BY THE 100-DAY CHALLENGE AND TWO WORK TEAMS WERE DEVELOPED, INCLUDING ONE FOR RECORD EXPU NGEMENT FOR PREVIOUS DRUG-RELATED AND NONVIOLENT CRIMES WHICH HELD TWO EXPUNGEMENT CLINICS . MHM STARTED THE ASSESSMENT OF EXISTING WORKFORCE DEVELOPMENT PROGRAMS AVAILABLE WITHIN T HE SERVICE AREA. MHM BEGAN EXPANDING THEIR EDUCATIONAL PROGRAM TO ALLOW AND ENGAGE STUDENT INTERNS IN SPECIFIC JOB CLASSIFICATIONS TO CONDUCT EDUCATIONAL REQUIREMENTS ON CAMPUS, AC ROSS THE SERVICE REGION. THE JOB CLASSIFICATIONS INCLUDE THOSE WITH POTENTIAL CAREER PATHW AYS INTO THE HEALTH CARE PROFE

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS HACKLEY CAMPUS	SSION FOR UNDERSERVED POPULATIONS. THIS PROGRAM CONTINUED WITH EXPLORATION OF A CAREER RES OURCE CENTER FOR MUSKEGON. 4. EDUCATION - TRADES AND/OR TECHNICAL TRAINING: MHM DEVELOPED EMPLOYMENT AND EDUCATION WORKGROUPS DESIGNED TO ADDRESS THE FINDINGS OF THE CURRENT CHNA. MHM STARTED THE ASSESSMENT OF EXISTING WORKFORCE DEVELOPMENT PROGRAMS. MH MUSKEGON BEGAN P LANNING FOR THE REUTILIZATION OF THE HACKLEY CAMPUS WHICH WAS SCHEDULED TO CLOSE IN THE FA LL OF 2019, BUT THE CLOSING WAS MOVED TO CALENDAR YEAR 2020. IN MARCH, MERCY HEALTH FORMAL LY ANNOUNCED THAT SEVERAL ACRES OF THE PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS IN ORDER TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGNS IS THE DEVELOPMENT OF THE E ARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6-10. 5. HOUSING - WHERE TO GET HELP: MHM PROVIDES STAFFING TO MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK (MCHCCN). THE COORDINATOR OF MCHCCN IS AN MHM EMPLOYEE WHOSE ROLE WAS EXPANDED IN 2020. MCHCCN IS THE F IDUCIARY FOR THE HUD CONTINUUM OF CARE (COC) PLANNING GRANT AND OUTREACH COMMITTEE. MHM HA S BEEN THE FIDUCIARY FOR THE COC PLANNING GRANT FOR THE LAST FOUR YEARS AND HAS REQUESTED FUNDING FOR FY 2020. MHM HAS CONTRACTS WITH THE LOCAL HOUSING ASSESSMENT AND RESOURCE AGEN CY (HARA) IN MUSKEGON TO PLACE COMMUNITY HEALTH WORKERS ONSITE IN THEIR LOCATION. MHM HAS FOUR SUPPLEMENTAL SECURITY INCOME (SSI)/SOCIAL SECURITY DISABILITY (SSDI) OUTREACH, ACCESS , AND RECOVERY (SOAR) CERTIFIED STAFF THAT SECURE INCOME AND INSURANCE FOR HOMELESS INDIVI DUALS THROUGH SOCIAL SECURITY. SOAR IS A PROGRAM DESIGNED TO INCREASE ACCESS TO SSI/SSDI F OR ELIGIBLE ADULTS AND CHILDREN WHO ARE EXPERIENCING, OR ARE AT RISK OF, HOMELESSNESS AND HAVE A SERIOUS MENTAL ILLNESS, MEDICAL IMPAIRMENT, AND/OR A CO-OCCURRING SUBSTANCE USE DIS ORDER. MHM HOSTS THE POINT IN TIME (PIT) BI-ANNUAL HOMELESSNESS COUNT IN MUSKEGON COUNTY A ND PROVIDES STAFF TO ASSIST IN THE PROCESS. THE MUSKEGON COMMUNITY HEALTH PROJECT, THE COM MUNITY BENEFIT DEPARTMENT OF MERCY HEALTH MUSKEGON, HAS COLLEAGUES WORKING WITH THE OCEANA HOME PARTNERSHIP, IDENTIFIED AS THE WEST MICHIGAN HOUSING NETWORK THAT SERVICES OCEANA CO UNTY. 6. NUTRITION - COST AND AVAILABILITY OF HEALTHY FOOD: MHM REPLICATED THE NATIONALLY ACCREDITED DIABETES PREVENTION PROGRAM (DPP) IN OCEANA COUNTY. MHM MADE SIGNIFICANT FINANC IAL INVESTMENTS IN FY20 THROUGH TWO GRANT PROGRAMS DESIGNED TO WORK IN RESPONSE TO THE CHN A. MHM INVESTED IN WHITEHALL SCHOOLS - REAL FOOD SEED ACCESS TO HEALTHY FOODS AND OBESITY, AND MONTAGUE AREA PUBLIC SCHOOLS - REAL FOOD SEED PROJECT - ACCESS TO HEALTHY FOOD. THIS PROGRAM HAS NOW BEEN REPLICATED IN TWO ADDITIONAL SCHOOLS, WHITEHALL PUBLIC SCHOOLS AND HO LTON PUBLIC SCHOOLS. AGEWELL SERVICES OF WEST MICHIGAN CONTINUES TO RECEIVE FUNDING TO INC REASE ACCESS TO HEALTHY FOODS, WITH MEALS DELIVERED BY MEALS ON WHEELS TO SENIORS LIVING I N OCEANA AND MUSKEGON COUNTIES, AS WAS THE KIDS' FOOD BASKET SACK SUPPER PROGRAM WHICH IS IN THE THIRD YEAR OF DIRECT IN

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS HACKLEY CAMPUS	VESTMENT. NEW INVESTMENTS INCLUDED FUNDING FOR THE COALITION FOR COMMUNITY DEVELOPMENT FOR THEIR HEIGHTS GARDEN TO FAMILY TABLE INITIATIVE, SUPPORTING YOUTH EDUCATION AND ACCESS TO FRESH VEGETABLES FOUND IN URBAN COMMUNITY SETTINGS. MERCY HEALTH MUSKEGON ACKNOWLEDGES TH E WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED T HAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-A DDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY HEALTH MUSKEGON WILL CONTINUE TO SUPP ORT EFFORTS IN THE FOLLOWING CATEGORIES, AS THEY ARE PAST AND CURRENT CHNA ISSUES THAT ARO SE BUT WERE NOT PRIORITY RANKED: - ADVANCE CARE DIRECTIVES: MERCY HEALTH MUSKEGON CURRENTL Y SUPPORTS THE PROMOTION OF ADVANCE DIRECTIVES BY SUPPORTING COMMUNITY INITIATIVES, AS WEL L AS PROMOTING THE USE OF ADVANCE DIRECTIVES WITHIN PRIMARY CARE SETTINGS. THE CHARTED HEA LTH CARE PLANNING COLLABORATIVE, FOR WHICH THE HEALTH PROJECT SERVES AS FIDUCIARY, HAS REC EIVED FUNDING FROM MERCY HEALTH FOR TRAINING, MATERIALS, AND EDUCATION EVENTS AND THE HIRE OF A NON-MERCY HEALTH COORDINATOR TO CONTINUE TO COORDINATE THIS WORK ACROSS THE SERVICE REGION. - CHILDCARE AVAILABILITY: WHILE A COMMUNITY TEAM WAS CONVENED OUT OF THE 100-DAY C HALLENGE AND THERE WAS PLANNING WITHIN THE COMMUNITY, MERCY HEALTH DID NOT FUND ANY PROGRA MS IN FY20 TO ASSIST WITH THIS PROGRAM. - SEXUALLY TRANSMITTED INFECTIONS/DISEASES: MERCY HEALTH MUSKEGON MAINTAINS EXTENSIVE SUPPORT OF SEXUALLY TRANSMITTED DISEASE ISSUES THROUGH ITS MCCLEES CLINIC AND THE UPFRONT COALITION.- SPECIAL EDUCATION: MERCY HEALTH MUSKEGON D OES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE ARE EXISTING INITIATIV ES TARGETING THIS PRIORITY. FOR EXAMPLE, THERE ARE LOCAL ORGANIZATIONS MHM INDIRECTLY SUPP ORTS, SUCH AS THE PLACEMENT OF COMMUNITY HEALTH WORKERS WITHIN TWO SCHOOL DISTRICTS.

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

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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

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

Form and Line Reference	Explanation
MERCY HEALTH PARTNERS LAKESHORE CAMPUS	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 9	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 7A:	WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 10A	WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 10A	WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 10A	WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 7B:	WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA

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

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MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 7B:	WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA

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Form and Line Reference	Explanation
MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 7B:	WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	1 - MUSKEGON SURGERY CENTER 1400 MERCY DRIVE SUITE 150 MUSKEGON, MI 49444	OUTPATIENT SURGERY
1	2 - JOHNSON FAMILY CENTER FOR CANCER CARE 1440 E SHERMAN BLVD MUSKEGON, MI 49444	CANCER TREATMENT FACILITY
2	3 - WEST SHORE CARDIOLOGY 1212 E SHERMAN BLVD MUSKEGON, MI 49444	CARDIOLOGY
3	4 - WEST MI GASTROENTEROLOGY 1675 LEAHY STREET SUITE 324B MUSKEGON, MI 49444	GASTROENTEROLOGY
4	5 - NORTON FAMILY PRACTICE 3535 PARK STREET SUITE 110 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
5	6 - MERCY MEDI CENTER 1700 OAK AVE MUSKEGON, MI 49442	URGENT CARE
6	7 - LAKES VILLAGE 6401 PRAIRIE STREET NORTON SHORES, MI 49444	OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING
7	8 - WESTSHORE FAMILY MEDICINE 1223 MERCY DRIVE MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
8	9 - OB GYN ASSOCIATES 1675 LEAHY STREET SUITE 428B MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
9	10 - PAIN CLINIC 1700 CLINTON STREET MUSKEGON, MI 49442	PAIN MANAGEMENT
10	11 - SHORELINE NEUROSURGERY 1675 LEAHY STREET SUITE 401A MUSKEGON, MI 49444	NEUROSURGICAL & PHYSIATRY
11	12 - HARBORWOOD FAMILY MEDICINE 1675 LEAHY STREET SUITE 301A MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
12	13 - LAKESHORE MEDICAL CENTER - WHITEHALL 905 E COLBY STREET WHITEHALL, MI 49461	PRIMARY CARE PHYSICIAN OFFICE
13	14 - HACKLEY LAKES OB GYN 6401 PRAIRIE STREET SUITE 2100 NORTON SHORES, MI 49444	OBSTETRICS / GYNECOLOGY
14	15 - LAKESHORE MEDICAL CENTER - SHELBY 71 W BEVIER ROAD SHELBY, MI 49455	PRIMARY CARE PHYSICIAN OFFICE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	16 - CARDIOTHORACIC SURGERY 1560 E SHERMAN BLVD SUITE 309 MUSKEGON, MI 49444	CARDIOLOGY
1	17 - HARBOUR POINTE MEDICAL ASSOCIATES 3587 HENRY STREET SUITE 200 MUSKEGON, MI 49441	PRIMARY CARE PHYSICIAN OFFICE
2	18 - SLEEP DISORDERS CENTER 1700 OAK AVE MUSKEGON, MI 49442	SLEEP MEDICINE
3	19 - HART FAMILY MEDICAL CENTER 611 E MAIN STREET HART, MI 49420	PRIMARY CARE PHYSICIAN OFFICE
4	20 - MERCY WESTSHORE INTERNAL MEDICINE 1150 E SHERMAN BLVD SUITE 1100 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
5	21 - NORTHSHORE FAMILY PRACTICE 1915 HOLTON ROAD MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
6	22 - FRUITPORT FAMILY MEDICINE 3443 FARR RD FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
7	23 - MERCY HEART CENTER 1212 E SHERMAN BLVD MUSKEGON, MI 49444	WELLNESS & REHABILITATION FACILITY
8	24 - HART PAVILION 611 E MAIN STREET HART, MI 49420	LAB, RADIOLOGY
9	25 - MERCY GERIATRIC MEDICAL ASSOCIATES 1150 E SHERMAN BLVD SUITE 1175 MUSKEGON, MI 49444	GERIATRICS
10	26 - LAKESHORE FAMILY CARE 601 W SAVIDGE STREET SPRING LAKE, MI 49456	PRIMARY CARE PHYSICIAN OFFICE
11	27 - COMPREHENSIVE WOMEN'S HEALTH 1675 LEAHY STREET SUITE 311A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
12	28 - HACKLEY LAKES OB GYN 1675 LEAHY STREET SUITE 215A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
13	29 - BEAR CREEK HEALTH CENTER 1877 N GETTY STREET NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
14	30 - LAKES FAMILY MEDICINE 6207 HARVEY STREET MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	31 - ADULT MEDICINE SPECIALIST 6401 PRAIRIE STREET SUITE 2800 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
1	32 - HARBOUR VIEW FAMILY MEDICINE 1909 RUDDIMAN DRIVE NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
2	33 - OSTEOPATHIC MEDICINE 1150 E SHERMAN BLVD SUITE 1100 MUSKEGON, MI 49444	PHYSIATRY
3	34 - SABLE POINT 300 S RATH AVE SUITE 102 LUDINGTON, MI 49431	PRIMARY CARE PHYSICIAN OFFICE
4	35 - NORRIS CREEK 14 N 3RD AVE FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
5	36 - WEST VIEW FAMILY MEDICINE 6401 PRAIRIE STREET SUITE 2600 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
6	37 - NORTHSIDE FAMILY MEDICINE 420 N WHITEHALL ROAD SUITE 4 NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
7	38 - BLADDER CLINIC 6401 PRAIRIE STREET SUITE 1700 NORTON SHORES, MI 49444	UROLOGY
8	39 - PULMONARY MEDICINE 1560 E SHERMAN BLVD SUITE 150 MUSKEGON, MI 49444	PULMONARY
9	40 - INFECTIOUS DISEASE 1700 CLINTON STREET MUSKEGON, MI 49442	INFECTIOUS DISEASE
10	41 - ST MARYS WORKPLACE HLTH DOWNTN 150 JEFFERSON SE GRAND RAPIDS, MI 49503	OCC MED
11	42 - INTERNAL MEDICINE AND SPECIALTY CARE CLI 1675 LEAHY STREET SUITE 201A MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
12	43 - HACKLEY WORKPLACE NORTH ONE MISCO DRIVE WHITEHALL, MI 49461	OCC MED
13	44 - HEP C CLINIC 1700 CLINTON STREET MUSKEGON, MI 49442	HEPATITIS
14	45 - CHF CLINIC 1212 E SHERMAN BLVD MUSKEGON, MI 49444	CARDIOLOGY

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
46	46 - WEST MICHIGAN INTERNAL MEDICINE 957 BROOKHAVEN CT STE 3-4 BLDG F MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
1	47 - MH NORTH OTTAWA FAMILY MEDICINE 1310 WISCONSIN GRAND HAVEN, MI 49417	PRIMARY CARE PHYSICIAN OFFICE
2	48 - WEST OLIVE 15151 STANTON WEST OLIVE, MI 49460	PRIMARY CARE PHYSICIAN OFFICE
3	49 - SHERMAN URGENT CARE WORKPLACE HEALTH 1670 E SHERMAN MUSKEGON, MI 49444	URGENT CARE / OCC MED
4	50 - NORTHSIDE FAMILY MEDICINE 2006 HOLTON ROAD NORTH MUSKEGON, MI 49445	PRIMARY CARE / URGENT CARE
5	51 - NEURODIAGNOSTICS BUILDING 1277 MERCY DR MUSKEGON, MI 49444	NEURODIAGNOSTICS
6	52 - HUDSONVILLE URGENT CARE 3295 32ND AVENUE HUDSONVILLE, MI 49426	URGENT CARE, PRIMARY CARE, LAB

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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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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 . . . . . ▶ 16

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 MERCY HEALTH PARTNERS TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.
SCHEDULE I, PART IV:	

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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
HACKLEY COMMUNITY CARE CENTER 255 SEMINOLE SUITE 201A MUSKEGON, MI 49444	38-3014011	501(C)(3)		16,724	FAIR MARKET VALUE	FORGIVEN INTEREST	COMMUNITY BENEFIT
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440	91-1932918	501(C)(3)	3,521,720				COMMUNITY BENEFIT

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
BOYS & GIRLS CLUB OF MUSKEGON LAKESHORE PO BOX 1018 MUSKEGON, MI 49443	61-7136056	501(C)(3)	6,000				COMMUNITY BENEFIT
CALL 211 COMMUNITY ACCESS LINE 255 W SHERMAN BLVD MUSKEGON, MI 49444	38-3171086	501(C)(3)	10,000				COMMUNITY BENEFIT

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
CATHOLIC CHARITIES WEST MICHIGAN 40 JEFFERSON SE GRAND RAPIDS, MI 49503	38-2012473	501(C)(3)	5,500				COMMUNITY BENEFIT
COALITION FOR COMMUNITY DEVELOPMENT PO BOX 4618 MUSKEGON, MI 49444	75-3204979	501(C)(3)	6,350				COMMUNITY BENEFIT

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
COMMUNITY ENCOMPASS 1105 TERRACE STREET MUSKEGON, MI 49442	38-3279226	501(C)(3)	9,000				COMMUNITY BENEFIT
COMMUNITY FOUNDATION FOR MUSKEGON 425 WESTERN AVENUE MUSKEGON, MI 49440	38-6114135	501(C)(3)	52,500				COMMUNITY BENEFIT

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
HOPE PROJECT 1516 PECK ST MUSKEGON, MI 49441	35-2270341	501(C)(3)	10,000				COMMUNITY BENEFIT
LATINOS WORKING FOR THE FUTURE 1486 JAMES AVE MUSKEGON, MI 49442	38-3369111	501(C)(3)	7,000				COMMUNITY BENEFIT

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
MISSION FOR AREA PEOPLE 2500 JEFFERSON ST MUSKEGON, MI 49444	38-3220964	501(C)(3)	10,500				COMMUNITY BENEFIT
MT ZION CHURCH OF GOD IN CHRIST 188 W MUSKEGON AVE MUSKEGON, MI 49440	38-3715411	501(C)(3)	9,200				COMMUNITY BENEFIT

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
MUSKEGON RESCUE MISSION 1715 PECK ST MUSKEGON, MI 49441	38-3525239	501(C)(3)	5,400				COMMUNITY BENEFIT
OSTEOPATHIC FOUNDATION OF WEST MICHIGAN 800 E ELLIS ROAD NORTON SHORES, MI 49441	38-2841014	501(C)(3)	95,946				COMMUNITY BENEFIT

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
PIONEER RESOURCES INC 601 TERRACE STREET STE 100 MUSKEGON, MI 49440	38-1367329	501(C)(3)	9,000				COMMUNITY BENEFIT
SENIOR RESOURCES WEST MICHIGAN 560 SEMINOLE ROAD MUSKEGON, MI 49444	38-2048765	501(C)(3)	5,000				COMMUNITY BENEFIT

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	MERCY HEALTH PARTNERS IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MERCY HEALTH PARTNERS' CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MERCY HEALTH PARTNERS' CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
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: JEFFREY ALEXANDER - $20,047 ROGER SPOELMAN - $630,220 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/19: JEFFREY ALEXANDER - $254,284 (PAID IN 2020) ROGER SPOELMAN - $466,363 (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: GARY ALLORE - $68,742 MARY BOYD - $0 ROBERT CASALOU - $228,602 SALLY GUINDI - $57,615 EDMUND HODGE - $0 ROGER SPOELMAN - $160,551 THE FOLLOWING ACCRUALS FOR 2019 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: MICHAEL GUSHO - $84,953 KRISTEN BROWN, MD - $56,042 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($280,000 FOR 2019). THE FOLLOWING PAYOUTS FOR 2019 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: JEFFREY ALEXANDER - $1,319 KIMBERLY MAGUIRE - $1,215 KRISTI NAGENGAST - $86 F. REMINGTON SPRAGUE - $5,487 CAROL TARNOWSKY - $3,152

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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				
1RICK EDGAR MD NEUROSURGEON	(i)	0	0	0	0	0	0	0
	(ii)	1,781,597	0	1,112	12,600	21,546	1,816,855	0
1ROBERT CASALOU DIRECTOR;PRESIDENT & CEO-MICH REGION	(i)	0	0	0	0	0	0	0
	(ii)	961,517	358,655	259,372	16,800	51,619	1,647,963	0
2ROGER SPOELMAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	24,635	89,703	811,977	474,981	17,512	1,418,808	0
3EDMUND HODGE DIRECTOR; TH EVP, CHRO	(i)	0	0	0	0	0	0	0
	(ii)	733,527	345,231	19,377	12,600	35,478	1,146,213	0
4DAVID BONNEMA MD CARDIOLOGIST	(i)	0	0	0	0	0	0	0
	(ii)	871,503	55,356	1,728	12,600	26,026	967,213	0
5IONUT ORAVITAN MD CARDIOLOGIST	(i)	0	0	0	0	0	0	0
	(ii)	760,626	49,520	1,330	16,800	23,710	851,986	0
6MICHAEL GUSHO TREASURER; CFO-MICHIGAN REGION	(i)	0	0	0	0	0	0	0
	(ii)	551,344	115,077	13,795	105,953	35,072	821,241	0
7 CHRISTOPHER MARQUART MD NEUROSURGEON	(i)	0	0	0	0	0	0	0
	(ii)	767,786	0	5,371	12,600	16,584	802,341	0
8DANIEL WEST MD CARDIOLOGIST	(i)	0	0	0	0	0	0	0
	(ii)	688,791	41,827	3,452	21,000	21,002	776,072	0
9GARY ALLORE PRESIDENT, MERCY HEALTH MUSKEGON	(i)	0	0	0	0	0	0	0
	(ii)	425,699	88,867	84,509	16,800	31,678	647,553	0
10JEFFREY ALEXANDER VP SUBS & STRATEGY THROUGH 11/19	(i)	0	0	0	0	0	0	0
	(ii)	247,526	51,475	27,625	271,084	24,548	622,258	0
11SALLY GUINDI SECRETARY; GEN COUNSEL- MICHIGAN	(i)	0	0	0	0	0	0	0
	(ii)	355,826	70,385	71,940	16,800	35,566	550,517	0
12 REMINGTON SPRAGUE MD VP & CMO THROUGH 1/20	(i)	0	0	0	0	0	0	0
	(ii)	380,320	73,898	23,273	21,000	51,665	550,156	0
13MARY BOYD FORMER KE; EVP REGIONAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	412,897	85,035	13,777	21,000	13,404	546,113	0
14KRISTEN WOODS MD PRESIDENT MHPP	(i)	0	0	0	0	0	0	0
	(ii)	395,344	41,468	6,626	72,842	14,512	530,792	0
15CAROL TARNOWSKY FORMER OFFICER; MI DPTY GEN CSL	(i)	0	0	0	0	0	0	0
	(ii)	303,198	59,455	8,811	16,800	12,578	400,842	0
16KRISTI NAGENGAST VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	276,743	53,484	3,923	21,000	25,539	380,689	0
17KIMBERLY MAGUIRE FORMER KE; VP PATIENT CARE SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	266,574	51,115	3,413	21,000	23,336	365,438	0
18TOM REYNOLDS VP PHYSICIAN ALIGNMENT THR 1/20	(i)	0	0	0	0	0	0	0
	(ii)	268,665	49,442	1,170	21,000	22,192	362,469	0
19KEN UGANSKI VP CLINICAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	246,989	52,026	3,758	21,000	29,861	353,634	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				
21JUSTIN GRILL DO CMO AS OF 2/20	(i)	310,721	0	329	12,600	29,139	352,789	0
	(ii)	0	0	0	0	0	0	0
1JOHN FOSS VP OPERATIONS, MERCY LAKESHORE	(i)	198,726	22,027	405	17,068	22,939	261,165	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) GREGORY BURNS	FAMILY MEMBER OF KEN UGANSKI, KEY EMPLOYEE	68,097	EMPLOYMENT ARRANGEMENT		No
(1) CYNTHIA L MEYERING	FAMILY MEMBER OF KIMBERLY MAGUIRE, FORMER KEY EMPLOYEE	36,104	EMPLOYMENT ARRANGEMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,812,559	DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,480,312	DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	269,583	DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	35,615,323	DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) FAMILY MEDICINE SPECIALISTS PC	TERRENCE WRIGHT,BOARD MEMBER, IS AN OWNER OF FAMILY MEDICINE SPECIALISTS PC	372,229	BUSINESS TRANSACTION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	144,312	DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ 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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	508,302	MEDIAN VAL-TRAN DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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	Employer identification number
MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON	38-2589966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) IS TRINITY HEAL TH - MICHIGAN. SEE LINE 7 FOR ADDITIONAL INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH - MICHIGAN IS THE SOLE MEMBER OF MHM. TRINITY HEALTH - MICHIGAN HAS THE RIG HT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MHM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH - MICHIGAN MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. TRIN ITY HEALTH - MICHIGAN MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS. AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE RESERVED TO TRINITY H EALTH CORPORATION. THESE INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S GOVER NING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE S IGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPO RATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 FOR MHM IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTA IN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECT ORS. EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MHM HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATIO N'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF M HM, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MHM AND TO AVOID S ITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQ UIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLIC Y. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COM PLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MHM (OR A DELEG ATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FU LL DISCLOSURE TO MHM OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE T HE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF MHM (OR A DELEGATED COM MITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A D ELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZ E THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MHM. INTERESTED PERSONS ARE REQ UIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF I NTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTE NTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAIL ABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICALS OF MHM IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. I N ESTABLISHING CEO, CFO, AND VICE PRESIDENT OF FINANCE COMPENSATION, TRINITY HEALTH FOLLOW S A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTA INING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFIT S. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO, CFO, AND VICE PRESID ENT OF FINANCE OF MHM ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TR INITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS R EVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFI T MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTH ER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MHM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAI N OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, MHM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. MHM'S GOVERNING DOCUMENTS AND CONF LICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS TO AFFILIATES -13,358,494. EQUITY GAIN IN UNCONSOLIDATED AFFILIATES 1,843,728. ASSET IMPAIRMENT -15,025,916.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2:	MHM'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY20 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES:	AFFINIA HEALTH NETWORK - LAKESHORE, BEAR CREEK FAMILY MEDICINE, BEAR CREEK FAMILY PRACTICE , BEAR CREEK HEALTH CENTER, BEAR CREEK MEDICAL GROUP, BEAR CREEK PHYSCIAN PRACTICE, BEAR C REEK PHYSICIAN GROUP, BEAR CREEK PHYSICIANS, HACKLEY CORNERSTONE FOUNDATION, HACKLEY HEALT H MANAGEMENT, HACKLEY HEALTHCARE EQUIPMENT CORP., HACKLEY LIFE COUNSELING, HART FAMILY MED ICAL CENTER, JOHNSON FAMILY CENTER FOR CANCER CARE, LAKES OBGYN SPECIALISTS, LAKESHORE MED ICAL CENTER-SHELBY, LAKESHORE MEDICAL CENTER-WHITEHALL, MCCLEES CLINIC, MERCY HEALTH, MERC Y HEALTH BUSINESS HEALTH SOLUTIONS, MERCY HEALTH GENERAL CAMPUS, MERCY HEALTH HACKLEY, MER CY HEALTH HACKLEY CAMPUS, MERCY HEALTH HEALTHCARE EQUIPMENT, MERCY HEALTH LAKES VILLAGE, M ERCY HEALTH LAKESHORE, MERCY HEALTH LAKESHORE CAMPUS, MERCY HEALTH MERCY, MERCY HEALTH MER CY CAMPUS, MERCY HEALTH MUSKEGON, MERCY HEALTH MUSKEGON PHARMACY, MERCY HEALTH PARNTERS LA KESHORE CAMPUS, MERCY HEALTH PARTNERS OBSTETRICS & GYNECOLOGY SPECIALIST, MERCY HEALTH PAR TNERS PHYSICIAN SPECIALIST, MERCY HEALTH PARTNERS SUB-SPECIALTY, MERCY HEALTH PARTNERS SUB -SPECIALTY SERVICES, MERCY HEALTH PARTNERS, HACKLEY CAMPUS, MERCY HEALTH PARTNERS-ORTHOTIC S & PROSTHETICS, MERCY HEALTH PARTNERS-ORTHOTICS AND PROSTHETICS, MERCY HEALTH PARTNERS-WO RK PLACE HEALTH, MERCY HEALTH PHARMACY - GLENSIDE, MERCY HEALTH PHARMACY - HACKLEY PROFESS IONAL, MERCY HEALTH PHARMACY - NORTH MUSKEGON, MERCY HEALTH PHARMACY - WESTSHORE PROFESSIO NAL, MERCY HEALTH PHARMACY - WOLF LAKE, MERCY HEALTH PHYSICIAN PARTNERS, BEAR CREEK, MERCY HEALTH PHYSICIAN PARTNERS-MUSKEGON, MERCY HEALTH WESTSHORE CARDIOLOGY SERVICES, MERCY SPE CIALTY SERVICES, MERCY URGENT CARE, MERCY WOMEN'S HEALTH SERVICES, MHP LIFE COUNSELING, SH ELBY FAMILY CARE, THE BOUTIQUE AT MERCY HEALTH, THE BOUTIQUE AT MERCY HEALTH, LAKES VILLAG E, WORKPLACE HEALTH - LUDINGTON, WORKPLACE HEALTH HUDSONVILLE, WORKPLACE HEALTH SAINT MARY 'S, WORKPLACE HEALTH WHITEHALL

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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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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) MERCY HEALTH CLINICALLY INTEGRATED NETWORK LLC 1415 LEAHY STREET MUSKEGON, MI 49442 47-2070753	ACCOUNTABLE CARE ORGANIZATION	MI	21,110,035	56,899,692	MERCY HEALTH PARTNERS
(2) AFFINIA HEALTH ACO LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3870396	ACCOUNTABLE CARE ORGANIZATION	MI	0	0	MERCY HEALTH PARTNERS
(3) AFFINIA PHYSICIAN NETWORK LLC 1500 E SHERMAN BLVD MUSKEGON, MI 49444 82-2810979	PHYSICIAN NETWORK	MI	0	314,228	MERCY HEALTH CLINICALLY INTEGRATED NETWORK LLC

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) No

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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		No
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	
PO BOX 3349 SIOUX CITY, IA 51102 42-1185707	MEDICAL TRANSPORTATION SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
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

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						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

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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	

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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	Yes	
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 12C, III-FI	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									

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							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									

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							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					No
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	MERCY HEALTH PARTNERS	C	-7,599	31,409	100.000 %	Yes	
HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	HACKLEY HEALTH VENTURES INC	C	-1,240,942	6,801,502	100.000 %	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	

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								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	

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								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	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				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	HACKLEY HEALTH VENTURES INC	C	65,362	932,556	80.000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	M	2,430,147	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	9,096,817	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	Q	946,241	PER BOOKS
HACKLEY PROFESSIONAL PHARMACY	B	76,986	PER BOOKS
HACKLEY PROFESSIONAL PHARMACY	L	59,628	PER BOOKS
HACKLEY PROFESSIONAL PHARMACY	Q	320,662	PER BOOKS
MUSKEGON COMMUNITY HEALTH PROJECT	B	3,521,720	PER BOOKS
MUSKEGON COMMUNITY HEALTH PROJECT	P	374,446	PER BOOKS
PROFESSIONAL MED TEAM	M	923,217	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	P	50,145	PER BOOKS
TRINITY HEALTH CORPORATION	B	13,281,508	PER BOOKS
TRINITY HEALTH CORPORATION	C	281,131	PER BOOKS
TRINITY HEALTH CORPORATION	M	58,588,664	PER BOOKS
TRINITY HEALTH CORPORATION	P	10,265,807	PER BOOKS
TRINITY HEALTH CORPORATION	Q	6,337,404	PER BOOKS
TRINITY HEALTH CORPORATION	R	8,708,130	PER BOOKS
TRINITY HEALTH CORPORATION	S	2,480,401	PER BOOKS
TRINITY HEALTH - MICHIGAN	M	3,046,762	PER BOOKS
TRINITY HEALTH - MICHIGAN	P	12,587,333	PER BOOKS
TRINITY HEALTH - MICHIGAN	Q	1,270,347	PER BOOKS
TRINITY HEALTH - MICHIGAN	R	1,760,467	PER BOOKS
TRINITY HEALTH - MICHIGAN	S	456,154	PER BOOKS