

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

### A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

**C** Name of organization  
TRINITY HEALTH - MICHIGAN

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  
20555 VICTOR PARKWAY

City or town, state or province, country, and ZIP or foreign postal code  
LIVONIA, MI 481527018

**D** Employer identification number  
38-2113393

**E** Telephone number  
(734) 343-1000

**G** Gross receipts \$ 2,782,075,744

**F** Name and address of principal officer  
ROBERT CASALOU  
20555 VICTOR PARKWAY  
LIVONIA, MI 481527018

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.TRINITY-HEALTH.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1976

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	24
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	19,657
<b>6</b> Total number of volunteers (estimate if necessary)	1,526
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	56,851,150
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-1,561,344

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,817,943	21,854,490
<b>9</b> Program service revenue (Part VIII, line 2g)	2,477,380,009	2,591,042,025
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	31,724,727	66,997,232
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,264,477	89,884,696
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,721,187,156	2,769,778,443
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	4,616,924	3,810,522
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,052,127,817	1,109,117,133
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,940,323		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,465,066,872	1,388,015,319
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,521,811,613	2,500,942,974
<b>19</b> Revenue less expenses Subtract line 18 from line 12	199,375,543	268,835,469

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,246,227,933	3,702,529,144
<b>21</b> Total liabilities (Part X, line 26)	1,976,475,021	1,207,204,934
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,269,752,912	2,495,324,210

### Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2019-05-14  
MICHAEL GUSHO TREASURER  
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: \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 2,371,736,461 including grants of \$ 3,810,522 ) (Revenue \$ 2,607,778,039 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,371,736,461

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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		No
<b>10</b> 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	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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	Yes	
<b>c</b> 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		No
<b>d</b> 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	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</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	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> 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	Yes	
<b>19</b> 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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

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 . . . . .

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							7,009,632	21,368,781	1,710,120	

**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 ▶ 955

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PINE REST PO BOX 1615 GRAND RAPIDS, MI 49501 RONCELLI INC	HEALTH CARE SERVICES	26,143,342
6471 METROPOLITAN PKWY STERLING HEIGHTS, MI 48312 GEORGE AUCH COMPANY	CONSTRUCTION SERVICES	9,374,114
735 S PADDOCK ST PONTIAC, MI 48341 EMERGENCY PHYSICIANS MEDICAL GROUP	CONSTRUCTION SERVICES	8,891,351
2000 GREEN RD STE 300 ANN ARBOR, MI 48105 WASHTENAW MEDICINE PC	HEALTH CARE SERVICES	6,333,694
3145 CLARK RD STE 401 YPSILANTI, MI 48197	HEALTH CARE SERVICES	6,175,400

**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 ▶ 255



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 80,513			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 1,957,494			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 3,272,038			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 7,171,727			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 9,372,718			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 760,589				
	<b>h Total.</b> Add lines 1a-1f . . . . .		21,854,490		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> NET PATIENT SERVICE REVENUE		622110	2,417,099,377	2,417,099,377	
	<b>b</b> PHARMACY REVENUE		446110	150,094,432	112,158,955	37,935,477
	<b>c</b> LABORATORY REVENUE		621500	23,848,216	4,964,910	18,883,306
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .			2,591,042,025			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			25,610,016			25,610,016	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		10,458,700						
		<b>b</b> Less rental expenses	8,117,551					
		<b>c</b> Rental income or (loss)	2,341,149					
	<b>d</b> Net rental income or (loss) . . . . .			2,341,149			2,341,149	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		39,797,515	1,733,020					
		<b>b</b> Less cost or other basis and sales expenses	0	143,319				
		<b>c</b> Gain or (loss)	39,797,515	1,589,701				
	<b>d</b> Net gain or (loss) . . . . .			41,387,216			41,387,216	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,957,494 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	760,307					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	1,244,103				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-483,796			-483,796	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	11,990						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	1,693					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			10,297			10,297	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	4,675,032						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	2,790,635					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			1,884,397			1,884,397	
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA REVENUE		722514	12,545,485				12,545,485	
<b>b</b> PROVIDER INCENTIVE		622110	7,083,142	7,083,142				
<b>c</b> GOV'T SUBSIDY-EHR		622110	621,825	621,825				
<b>d</b> All other revenue . . . . .			65,882,197	65,849,830	32,367			
<b>e Total.</b> Add lines 11a-11d . . . . .			86,132,649					
<b>12 Total revenue.</b> See Instructions . . . . .			2,769,778,443	2,607,778,039	56,851,150		83,294,764	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,759,381	3,759,381		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	51,141	51,141		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	10,519,878		10,519,878	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	965,620	135,272	830,348	
<b>7</b> Other salaries and wages	930,116,676	873,005,669	55,012,035	2,098,972
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,678,764	27,124,252	1,554,512	
<b>9</b> Other employee benefits	74,322,219	69,403,697	4,715,894	202,628
<b>10</b> Payroll taxes	64,513,976	59,884,749	4,485,644	143,583
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	137,577	127,990	9,587	
<b>b</b> Legal	1,942,120		1,942,120	
<b>c</b> Accounting	360		360	
<b>d</b> Lobbying	24,000		24,000	
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	2,477,989		2,477,989	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	194,721,895	186,114,030	7,316,936	1,290,929
<b>12</b> Advertising and promotion	12,519,126	11,643,336	872,140	3,650
<b>13</b> Office expenses	23,869,210	22,130,343	1,657,665	81,202
<b>14</b> Information technology	94,152,379	87,591,381	6,560,998	
<b>15</b> Royalties				
<b>16</b> Occupancy	49,593,995	46,107,045	3,453,630	33,320
<b>17</b> Travel	1,732,289	1,602,070	120,002	10,217
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,867,878	2,653,352	198,748	15,778
<b>20</b> Interest	32,458,737	32,458,737		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	141,259,143	131,410,334	9,843,239	5,570
<b>23</b> Insurance	15,814,554	14,712,519	1,102,035	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES EXP	504,906,440	504,906,440		
<b>b</b> I/C PURCHASED SERVICES	123,876,610	115,244,093	8,632,313	204
<b>c</b> HOSPITAL PROVIDER TAX	67,397,187	67,397,187		
<b>d</b> BAD DEBT EXPENSE	63,268,254	63,268,254		
<b>e</b> All other expenses	54,995,576	51,005,189	3,936,117	54,270
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,500,942,974	2,371,736,461	125,266,190	3,940,323
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance 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	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	23,635,210	<b>1</b>	5,758,136	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .	9,589,733	<b>3</b>	7,807,043	
	<b>4</b> Accounts receivable, net . . . . .	263,890,396	<b>4</b>	308,888,889	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .	99,810,728	<b>7</b>	85,384,924	
	<b>8</b> Inventories for sale or use . . . . .	36,165,544	<b>8</b>	40,081,816	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,229,966	<b>9</b>	14,986,861	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,798,067,954			
	<b>b</b> Less accumulated depreciation	1,598,919,389	1,201,259,868	<b>10c</b>	1,199,148,565
	<b>11</b> Investments—publicly traded securities . . . . .	808,302,975	<b>11</b>	1,047,018,621	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	705,434,670	<b>12</b>	660,049,817	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .	32,782,749	<b>14</b>	33,470,101	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,051,126,094	<b>15</b>	299,934,371	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,246,227,933	<b>16</b>	3,702,529,144		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	243,871,760	<b>17</b>	246,444,662	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	1,561,036	<b>19</b>	55,248,203	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	18,201,416	<b>23</b>	17,438,732	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,712,840,809	<b>25</b>	888,073,337	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,976,475,021	<b>26</b>	1,207,204,934	
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	2,220,290,123	<b>27</b>	2,437,579,985	
	<b>28</b> Temporarily restricted net assets . . . . .	31,047,014	<b>28</b>	38,219,249	
	<b>29</b> Permanently restricted net assets	18,415,775	<b>29</b>	19,524,976	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33 Total net assets or fund balances . . . . .</b>	2,269,752,912	<b>33</b>	2,495,324,210	
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	4,246,227,933	<b>34</b>	3,702,529,144	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	2,769,778,443
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	2,500,942,974
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	268,835,469
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,269,752,912
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	31,189,023
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-74,453,194
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,495,324,210

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

TRINITY HEALTH-MICHIGAN (TH-MI), A HEALTH CARE AND HOSPITAL SYSTEM, HAS BEEN A LEADER IN PATIENT CARE FOR MORE THAN 100 YEARS, COMMITTED TO THE QUALITY CARE OF PATIENTS AND THEIR FAMILIES TH-MI OPERATES SIX HOSPITALS ACROSS MICHIGAN, CONTAINING 1,625 STAFFED BEDS, AS WELL AS OUTPATIENT HEALTH CENTERS, URGENT CARE FACILITIES, PHYSICIAN OFFICES AND SPECIALTY CENTERS, AND COMMUNITY OUTREACH SITES DURING FISCAL YEAR 2018, TH-MI HOSPITALS' EMPLOYEES, PHYSICIANS AND VOLUNTEERS PROVIDED OVER 427,000 DAYS OF CARE, AND PROVIDED HEALTH CARE SERVICES FOR OVER 2.6 MILLION OUTPATIENT VISITS, AND OVER 345,000 EMERGENCY ROOM VISITS TH-MI OPERATES MERCY PRIMARY CARE CENTER IN DETROIT, PROVIDING MEDICAL SERVICES TO UNINSURED AND UNDERINSURED ADULTS, AS WELL AS SPECIAL PERSONAL ASSISTANCE SERVICES TO THE HOMELESS, INCLUDING SHOWERS AND CLEAN CLOTHING, AND ASSISTANCE IN ACCESSING EXISTING COMMUNITY PROGRAMS FOR HOUSING AND SUBSTANCE ABUSE TREATMENT IN FISCAL 2018, TH-MI HOSPITALS PROVIDED OVER \$142 MILLION DOLLARS IN UNCOMPENSATED BENEFITS TO THE COMMUNITY TH-MI IS ACTIVELY ENGAGED IN THE COMMUNITY THROUGH BUSINESS, CIVIC AND SERVICE ORGANIZATIONS, AND THROUGH ITS FINANCIAL SUPPORT OF OTHER NOT-FOR-PROFIT ORGANIZATIONS AND SOCIAL SERVICES AGENCIES PLEASE VISIT SCHEDULE H AND OUR WEBSITES FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS WWW.STJOESHEALTH.ORG AND WWW.MERCYHEALTHSAINTMARYS.COM

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**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			
ROBERT CASALOU ..... DIR, PRES/CEO MH & SJMHS AT 1/18	53 00 ..... 2 00	X		X				0	1,146,770	44,909
ROGER SPOELMAN ..... DIR & PRES/CEO THR 12/17, TRINITY SVP	26 00 ..... 29 00	X		X				0	993,383	48,564
JOSE INFANTE ..... DIRECTOR, CHAIR AS OF 1/18	2 00 ..... 2 00	X		X				0	0	0
F JOSEPH FLECK ..... DIRECTOR, CHAIR THROUGH 12/17	2 00 ..... 0 00	X		X				0	0	0
RENNY ABRAHAM MD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
MAUREEN MILLER BROSANAN ..... DIRECTOR THROUGH 12/17	2 00 ..... 0 00	X						0	0	0
TIMOTHY CAUGHLIN ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
DONNA DOLEMAN ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
MICHAEL DORSEY MD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CHARLES FRAYER ..... DIRECTOR THROUGH 12/17	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			
JAN GARFINKLE ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
MICHAEL GLUHANICH ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
LUANN HANNASCH RSM ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
NELSON JACOBSON ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CAMILLE JOURDEN-MARK ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
MARY FRANCIS LEWANDOWSKI CSSF ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
SPENCER MAIDLOW ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
TAUANA MCDONALD ..... DIR THR 12/17, TRIN SVP CLINICAL OPS	2 00 ..... 48 00	X						0	558,332	46,390
JEAN NAGELKERK PHD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
DALE NESBARY PHD ..... DIRECTOR	2 00 ..... 0 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			
JERRY NORCIA ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CANETTA REID ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
KENNETH SIKKEMA ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
EDD SNYDER ..... DIRECTOR THROUGH 12/17	2 00 ..... 0 00	X						0	0	0
DAVID STEINBERGER MD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
LINDA THIEL OP ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
TONYA WELLS ..... DIRECTOR, TH VP FEDERAL ADVOCACY	2 00 ..... 48 00	X						0	257,204	45,790
JAMES WOODS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
TERRENCE WRIGHT MD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
STEPHEN ZONCA MD ..... DIRECTOR	2 00 ..... 3 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			
HOWARD ZUCKERMAN ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
SALLY GUINDIGEN CSL MH SJMHS ..... ASST SECR THR 12/17, SECR AS OF 1/18	50 00 ..... 0 00			X				0	370,129	41,811
CAROL TARNOWSKYMI DPTY GEN CSL ..... SECR THR 12/17, ASST SECR AS OF 1/18	25 00 ..... 25 00			X				0	340,354	24,163
MICHAEL GUSHO ..... TREASURER, MH & SJMHS CFO	26 00 ..... 29 00			X				0	536,527	44,347
GARY ALLORE ..... ASST TREAS THR 9/17, PRES MH AT 9/17	2 00 ..... 53 00			X				0	417,510	40,049
DAVID SPIVEY ..... CEO ST MARY MERCY LIVONIA	54 00 ..... 1 00				X			0	851,474	44,064
DAVID BROOKS ..... CEO ST JOSEPH MERCY AA THROUGH 3/18	54 00 ..... 1 00				X			0	800,182	183,056
BILL MANNS ..... CEO MERCY HEALTH ST MARY'S	53 00 ..... 2 00				X			0	679,417	35,987
DAVID BAUMGARTNER ..... CMO MERCY HEALTH ST MARY'S	25 00 ..... 25 00				X			0	566,442	26,774
NANCY GRAEBNER ..... CEO ST JOSEPH MERCY CHELSEA	55 00 ..... 0 00				X			0	559,228	24,816

**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			
SHANNON STRIEBICH ..... CEO ST JOSEPH MERCY OAKLAND	55 00 ..... 0 00				X			0	527,513	44,822
ROSALIE TOCCO-BRADLEY ..... CMO ST JOS MERCY ANN ARBOR, LIVINGS	50 00 ..... 0 00				X			0	517,383	37,013
FABIAN FREGOLI ..... CMO ST JOS MERCY OAKLAND AS OF 1/18	50 00 ..... 0 00				X			450,272	0	30,692
MICHAEL K SMITH ..... CMO ST JOS MERCY OAKLAND THR 7/17	50 00 ..... 0 00				X			0	411,208	36,661
DAVID MCEWEN ..... COO, MERCY HEALTH ST MARY'S	50 00 ..... 0 00				X			0	407,347	38,748
MIKE GRISDELA ..... VP FINANCE WEST MARKET, SE MICH	49 00 ..... 1 00				X			0	379,403	38,683
JOHN O'MALLEY ..... CEO ST JOSEPH MERCY LIVINGSTON	55 00 ..... 0 00				X			0	353,326	71,426
MICHAEL SAMYN ..... VP FINANCE ST MARY MERCY & SJM OAK	50 00 ..... 0 00				X			0	337,512	40,643
ALONZO LEWIS ..... INT CEO SJ MERCY AA AT 4/18 & COO	55 00 ..... 0 00				X			319,667	0	34,910
DANIEL GREEN ..... VP FIN MERCY HLTH ST MARY'S	48 00 ..... 2 00				X			271,559	0	35,553

**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			
KATHY BRUBAKER ..... VP OPS ST JOSEPH MERCY CHELSEA	50 00 ..... 0 00				X			0	233,659	23,395
SARAH GILBERT ..... VP OPS ST MARY MERCY LIVINGSTON	50 00 ..... 0 00				X			233,134	0	51,351
RANDALL T FORSCH ..... CMO ST JOSEPH MERCY CHELSEA	50 00 ..... 0 00				X			0	179,143	6,403
LAWRENCE RAPP ..... NEUROSURGEON (OAKLAND)	50 00 ..... 0 00					X		1,453,220	0	34,563
JASON BRODKEY ..... NEUROSURGEON (SJMHS)	50 00 ..... 0 00					X		1,112,185	0	40,760
GEORGE GIBSON ..... ORTHOPEDIC SURGEON (SJMHS)	50 00 ..... 0 00					X		1,101,721	0	40,900
AHMAD ISSAWI ..... NEUROSURGEON (SJMHS)	50 00 ..... 0 00					X		1,036,850	0	32,549
YOAV RITTER ..... NEUROSURGEON (OAKLAND)	50 00 ..... 0 00					X		1,031,024	0	36,626
BENJAMIN CARTER ..... FORMER OFFICER, TRINITY EVP, CFO	0 00 ..... 55 00						X	0	1,622,886	50,779
CYNTHIA CLEMENCE ..... FMR OFFCR, TRINITY SVP, OPS CFO	0 00 ..... 55 00						X	0	913,132	48,428

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			
PAUL NEUMANN ..... FMR OFFCR, TH EVP, CHIEF LEGAL OFFCR	0 00 ..... 55 00						X	0	1,313,002	45,218
RICHARD GILFILLAN ..... FORMER OFFICER, TH PRESIDENT & CEO	0 00 ..... 55 00						X	0	2,676,564	48,664
JUDITH PERSICHILLI ..... FORMER OFFICER	0 00 ..... 0 00						X	0	488,854	383
RICHARD O'CONNELL ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	880,863	16,625
DEBORAH ARMSTRONG ..... FMR KEY EMP, TH CONTINGENT MANAGER	0 00 ..... 40 00						X	0	271,453	12,150
PHILIP MCCORKLE ..... FORMER KEY EMPLOYEE, CONSULTANT	0 00 ..... 40 00						X	0	162,799	23,508
MARY NEFF ..... FORMER KEY EMP, VP LABOR & CLIN OPS	0 00 ..... 50 00						X	0	264,818	36,433
JACQUELINE PRIMEAU ..... FORMER KEY EMPLOYEE, TH VP, M&A	0 00 ..... 50 00						X	0	348,974	31,902
KATHLEEN O'CONNOR ..... FORMER KEY EMP, DIR DECISION SUPPORT	0 00 ..... 50 00						X	0	211,472	29,782
JACK WEINER ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	539,602	15,596

**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			
PETER DEWS III ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	250,916	24,234

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

38-2113393

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TRINITY HEALTH - MICHIGAN	Employer identification number 38-2113393
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**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		133,332
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		143,023
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			276,355
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	TRINITY HEALTH - MICHIGAN (TH-MI) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE ORGANIZATIONS HAVE PROVIDED TH-MI WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES SIMILARLY, THESE HEALTH CARE ORGANIZATIONS WILL ARRANGE CONFERENCES AND SEMINARS FOR MEMBER ORGANIZATIONS AND THEIR EXECUTIVES WHICH INVOLVE LEGISLATORS OR OTHER POLITICAL FIGURES AS GUEST SPEAKERS OUR 2018 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDE GOAL 1 IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES - COVERAGE AND ACCESS TO MENTAL AND PHYSICAL HEALTH SERVICES - INSURANCE PROTECTIONS - MEDICAID EXPANSION - HIX SUSTAINABILITY - BEHAVIORAL HEALTH INTEGRATION - PALLIATIVE CARE - SUBSTANCE ABUSE / OPIOIDS - TOBACCO - OBESITY / NUTRITION - HEALTH EQUITY - GOAL 2 SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - INNOVATIVE DELIVERY AND PAYMENT MODELS - ALTERNATIVE PAYMENT MODELS (SIM / MACRA) - HIT / INTEROPERABILITY - WORKFORCE - MEDICAID INNOVATION - MEANINGFUL & STANDARD MEASURERS - TELEHEALTH - TRANSPARENCY LOBBYING ACTIVITY PERFORMED BY TH-MI INCLUDED - ENCOURAGEMENT OF ASSOCIATES TO WRITE LETTERS TO PUBLIC OFFICIALS - AN "ADVOCACY ACTION" WEBSITE TO ENGAGE ASSOCIATES IN FEDERAL ADVOCACY - DESIGNATE AN ADVOCACY LIAISON - ENGAGEMENT OF A LOBBYIST IN WASHINGTON, D C BY TRINITY HEALTH CORPORATION - LEGISLATOR VISITS - COLLABORATION WITH THE CATHOLIC HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION - ADVOCACY ACTION DAYS AT THE STATE LEVEL, ATTENDED BY TRINITY HEALTH EXECUTIVES



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TRINITY HEALTH - MICHIGAN

**Employer identification number**  
38-2113393

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	20,913,371	19,154,684	19,561,547	17,198,931	16,353,319
<b>b</b> Contributions . . . . .	41,203	-163,975	804,151	2,024,963	684,595
<b>c</b> Net investment earnings, gains, and losses	1,340,233	1,958,733	-325,670	336,668	1,350,728
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	159,159		729,527	-229,498	1,189,711
<b>f</b> Administrative expenses . . . . .	102,014	36,071	155,817	228,513	
<b>g</b> End of year balance . . . . .	22,033,634	20,913,371	19,154,684	19,561,547	17,198,931

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 5 680 %
  - b** Permanent endowment ▶ 88 610 %
  - c** Temporarily restricted endowment ▶ 5 710 %
- 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 |
|--|-------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> Yes     |    |
- 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
<b>1a</b> Land . . . . .		60,036,674		60,036,674
<b>b</b> Buildings . . . . .		1,389,873,174	671,864,781	718,008,393
<b>c</b> Leasehold improvements		104,866,195	41,599,723	63,266,472
<b>d</b> Equipment . . . . .		1,172,417,287	885,192,778	287,224,509
<b>e</b> Other . . . . .		70,874,624	262,107	70,612,517
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,199,148,565

**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	236,940,960	F
(B) EQUITY METHOD INVESTMENTS	287,714,023	C
(C) HEDGE FUNDS	135,394,834	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	660,049,817	

**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)		
<b>Total.</b> (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) OTHER RECEIVABLES	19,913,239
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	114,572,851
(3) INVESTMENT IN UNCONSOLIDATED AFFILIATES	22,820,890
(4) INTERCOMPANY OTHER LT ASSETS	141,953,806
(5) OTHER CURRENT ASSETS	105,877
(6) OTHER LONG-TERM ASSETS	567,708
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	299,934,371

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	69,636,766
DEFERRED COMPENSATION	13,403,973
ASSET RETIREMENT OBLIGATION (FIN 47)	1,980,632
ANNUITIES PAYABLE	1,135,768
INTERCOMPANY NOTES PAYABLE	796,887,152
OTHER CURRENT LIABILITIES	1,926,170
OTHER LONG-TERM LIABILITIES	2,292,697
LEASE OBLIGATION	810,179
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	888,073,337

**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.

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

**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.

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

**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:** 38-2113393  
**Name:** TRINITY HEALTH - MICHIGAN

### Form 990, Schedule D, Part X, - Other Liabilities

<sup>1</sup>	(a) Description of Liability	(b) Book Value
	INTERCOMPANY ACCOUNTS PAYABLE	69,636,766
	DEFERRED COMPENSATION	13,403,973
	ASSET RETIREMENT OBLIGATION (FIN 47)	1,980,632
	ANNUITIES PAYABLE	1,135,768
	INTERCOMPANY NOTES PAYABLE	796,887,152
	OTHER CURRENT LIABILITIES	1,926,170
	OTHER LONG-TERM LIABILITIES	2,292,697
	LEASE OBLIGATION	810,179

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE USED FOR THE FOLLOWING PURPOSES HOSPITAL OPERATIONS SUPPORT, MEDICAL PROGRAM SUPPORT, SCHOLARSHIPS, RESEARCH, COMMUNITY SERVICE, AND VARIOUS OTHER

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	THE ENDOWMENTS REPORTED ON LINE 1 ARE HELD BY TH-MI ENDOWMENTS HELD BY SAINT MARY'S FOUNDATION AND MERCY HOSPITAL CADILLAC FOUNDATION FOR THE BENEFIT OF TH-MI ARE REPORTED ON THE FORM 990 OF SAINT MARY'S FOUNDATION AND MERCY HOSPITAL CADILLAC FOUNDATION



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

Employer identification number  
38-2113393

**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 ten 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>HOLIDAY BALL -ANN ARBOR</b> (event type)	<b>SJMC SPRING AUCTION - CHELSEA</b> (event type)	<b>4</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	921,746	720,367	1,075,688	2,717,801
	<b>2</b> Less Contributions . . . . .	611,723	601,006	744,765	1,957,494
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	310,023	119,361	330,923	760,307
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0	0	
	<b>5</b> Noncash prizes . . . . .	0	0	7,887	7,887
	<b>6</b> Rent/facility costs . . . . .	65,346	34,041	83,640	183,027
	<b>7</b> Food and beverages . . . . .	182,650	19,248	180,066	381,964
	<b>8</b> Entertainment . . . . .	12,500	2,200	14,550	29,250
	<b>9</b> Other direct expenses . . . . .	174,661	242,838	224,476	641,975
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,244,103
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-483,796

**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.

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

**9** Enter the state(s) in which the organization conducts gaming activities MI

**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

<b>a</b>	The organization's facility		%
<b>b</b>	An outside facility		
		<b>13a</b>	100 000 %
		<b>13b</b>	100 000 %

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

Name ▶ KIM NIETHAMMER ST JOSEPH MERCY HE

Address ▶ 5305 E HURON RIVER DR PO BOX 995  
ANN ARBOR, MI 48106

**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 ▶ KIM NIETHAMMER ST JOSEPH MERCY HE

Gaming manager compensation ▶ \$ 1,228

Description of services provided ▶ FINANCIAL REPORTING, CASH DEPOSITS

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  
**Name of the organization**  
 TRINITY HEALTH - MICHIGAN

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 38-2113393

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> 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 eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)	2	12,593	16,948,297	0	16,948,297	0.700 %
<b>b</b> Medicaid (from Worksheet 3, column a)	2	166,259	316,729,860	254,337,861	62,391,999	2.560 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)	10	1,547	14,635,982	16,611,528		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	14	180,399	348,314,139	270,949,389	79,340,296	3.260 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	22	109,861	6,650,355	1,322,147	5,328,208	0.220 %
<b>f</b> Health professions education (from Worksheet 5)	2	1,267	87,120,323	51,927,930	35,192,393	1.440 %
<b>g</b> Subsidized health services (from Worksheet 6)	17	126,293	49,908,535	30,535,762	19,372,773	0.790 %
<b>h</b> Research (from Worksheet 7)			6,519,619	3,867,473	2,652,146	0.110 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	8	5,275	2,336,002	51,325	2,284,677	0.090 %
<b>j Total</b> Other Benefits	49	242,696	152,534,834	87,704,637	64,830,197	2.650 %
<b>k Total</b> Add lines 7d and 7j	63	423,095	500,848,973	358,654,026	144,170,493	5.910 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		43,196		43,196	0 %
7 Community health improvement advocacy						
8 Workforce development	2		30,808		30,808	0 %
9 Other						
<b>10 Total</b>	<b>3</b>		<b>74,004</b>		<b>74,004</b>	<b>0 %</b>

**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?		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.		
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.		
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	559,284,093
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	542,470,640
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	16,813,453
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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**

(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 CENTER FOR DIGESTIVE CARE LLC	SURGICAL CENTER	51 000 %		49 000 %
2 FRANCES WARDE MEDICAL LABORATORY	LABORATORY SERVICES	66 670 %		33 330 %
3 WOODLAND IMAGING CENTER LLC DBA AVANT IMAGING	IMAGING SERVICES	51 000 %		49 000 %
4 HEALTH PARK CENTRAL LLC	MEDICAL OFFICE BUILDING	10 550 %		82 490 %
5 SIXTY FOURTH STREET LLC	SURGICAL CENTER	53 940 %		43 180 %
6 WATERFORD SURGICAL CENTER LLC	SURGICAL CENTER	33 020 %		56 510 %
7 ADVANTAGE HEALTHSAINT MARY'S CARE NETWORK	HOSPITAL/PHYSICIAN INTEGRATION	50 000 %		50 000 %
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?

6

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)

	See Additional Data Table	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

**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)  
 ST JOSEPH MERCY ANN ARBOR

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ST JOSEPH MERCY ANN ARBOR

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

ST JOSEPH MERCY ANN ARBOR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> 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		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

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

ST JOSEPH MERCY ANN ARBOR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 MERCY HEALTH SAINT MARY'S

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

Community Health Needs Assessment		Yes	No
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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 SAINT MARY'S

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-SM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-SM</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-SM</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MERCY HEALTH SAINT MARY'S

**Name of hospital facility or letter of facility reporting group**

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input checked="" type="checkbox"/> 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			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

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

MERCY HEALTH SAINT MARY'S

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 ST JOSEPH MERCY OAKLAND

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ST JOSEPH MERCY OAKLAND

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

ST JOSEPH MERCY OAKLAND

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input checked="" type="checkbox"/> 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			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

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

ST JOSEPH MERCY OAKLAND

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 ST MARY MERCY LIVONIA

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ **4**

**Community Health Needs Assessment**

		Yes	No
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ST MARY MERCY LIVONIA

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW STMARYMERCY ORG/SMML-PFS</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW STMARYMERCY ORG/SMML-PFS</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW STMARYMERCY ORG/SMML-PFS</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

ST MARY MERCY LIVONIA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> 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		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

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

ST MARY MERCY LIVONIA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 ST JOSEPH MERCY LIVINGSTON

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 6 \_\_\_\_\_

Community Health Needs Assessment		Yes	No
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ST JOSEPH MERCY LIVINGSTON

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/FA</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

ST JOSEPH MERCY LIVINGSTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> 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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> 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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <input checked="" type="checkbox"/> 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			
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

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

ST JOSEPH MERCY LIVINGSTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 ST JOSEPH MERCY CHELSEA

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 5

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW STJOESANNARBOR ORG/CBM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ST JOSEPH MERCY CHELSEA

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW STJOESHELSEA ORG/FA</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW STJOESHELSEA ORG/FA</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW STJOESHELSEA ORG/FA</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

ST JOSEPH MERCY CHELSEA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> 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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> 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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <input checked="" type="checkbox"/> 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			
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

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

ST JOSEPH MERCY CHELSEA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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, 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? 97

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



**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	TRINITY HEALTH - MICHIGAN (TH-MI) 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, THE HOSPITAL DIVISIONS OF TH-MI INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES TRINITY HEALTH ALSO INCLUDES TH-MI'S MOST RECENTLY FILED SCHEDULE H ON ITS 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 HOSPITALS' COST ACCOUNTING SYSTEMS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$63,268,254, 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
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>THE HOSPITALS IN TH-MI SERVE ON COMMUNITY TASK FORCES AND COALITIONS TO HELP ADDRESS THE NEEDS OF THE SERVICE AREA THE HOSPITALS PARTICIPATE IN DIVERSITY COUNCILS, MINISTRY ASSOCIATIONS, HEALTH COALITIONS, AND HEALTH IMPROVEMENT COUNCILS MERCY HEALTH SAINT MARY'S MERCY HEALTH SAINT MARY'S (MHSM) IS DEEPLY INVOLVED IN SEVERAL COMMUNITY COALITIONS TO AIDE COMMUNITY COLLABORATION TO ADDRESS THE PRIORITY HEALTH CONCERNS TO ASSIST IN STATE-WIDE POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES AS IT RELATES TO TOBACCO/NICOTINE PRODUCTS, OPIOIDS AND OTHER SUBSTANCES, MHSM IS A PROUD ORGANIZATIONAL MEMBER OF SEVERAL COMMUNITY COALITIONS, INCLUDING TOBACCO FREE MICHIGAN, SUBSTANCE USE DISORDER COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), KENT COUNTY PREVENTION COALITION, KENT COUNTY OPIOID TASK FORCE, AND TOBACCO FREE NETWORK THESE COALITIONS ARE BOTH LOCAL AND STATE-WIDE, WITH DOZENS OF COMMUNITY ORGANIZATIONS WORKING TOWARD THE SAME GOAL OF REDUCING THE RATE OF TOBACCO/NICOTINE USE AND DRUG-RELATED MORTALITY, BOTH IN OUR LOCAL COMMUNITIES AS WELL AS THE STATE OF MICHIGAN THE WORK OF THESE COALITIONS INCLUDE PURSUIT OF TOBACCO-FREE PARKS, SCHOOL PLAYGROUNDS, AND OUTDOOR RECREATION AREAS TO REDUCE THE INCIDENCE OF FIRST- AND SECOND-HAND SMOKE, RAISING THE LEGAL PURCHASING AGE OF NICOTINE PRODUCTS FROM 18 TO 21 YEARS OLD, SAFER PRESCRIBING PRACTICES FOR PHYSICIANS IN MANAGING THOSE WITH CHRONIC PAIN WHO ARE AT RISK OF ADDICTION, AND ENGAGING YOUTH IN STAYING "ABOVE THE INFLUENCE", AND EMPOWERING YOUTH TO BECOME CHAMPIONS AMONG THEIR PEERS IN PROVIDING AWARENESS AND EDUCATION OF THE DANGERS OF SMOKING AND DRUG USE MHSM IS ALSO A PROUD ORGANIZATIONAL MEMBER OF THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL, WHICH STRIVES TO CONNECT ORGANIZATIONS TO PEERS, SPECIALISTS, AND RESOURCES TO ELIMINATE HOMELESSNESS THROUGH HEALTH CARE AND HOUSING AS A RECIPIENT OF HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) 330(H) FUNDING FOR POPULATIONS EXPERIENCING HOMELESSNESS, THE ORGANIZATION IS COMMITTED TO PROVIDING SUPPORT AND WORKING COLLABORATIVELY WITHIN THE COMMUNITY TO CONNECT THOSE TO RESOURCES IN AN ONGOING EFFORT TO END HOMELESSNESS TO ASSIST IN ADDRESSING BEHAVIORAL HEALTH CONCERNS IN THE COMMUNITY, MHSM SUPPORTS THE MENTAL HEALTH CHIP, WHICH STRIVES TO REDUCE BARRIERS FOR THOSE EXPERIENCING BEHAVIORAL HEALTH CONCERNS AND SUICIDE IDEATION THIS COALITION WORKS TO PROVIDE EDUCATIONAL OPPORTUNITIES TO POLICE, FIRST RESPONDERS, AND HEALTH CARE PROFESSIONALS TO EMPOWER THEM WITH SKILLS WHEN ENCOUNTERING SOMEONE EXPERIENCING A BEHAVIORAL HEALTH CRISIS, DEPLOYING A COMMUNITY-WIDE CAMPAIGN TO REDUCE BULLYING, AND REDUCING BARRIERS TO ACCESSING BEHAVIORAL HEALTH SERVICES SUCH AS COST, SYSTEM NAVIGATION, AND STIGMA, EMBARRASSMENT, OR SHAME TO ASSIST IN ADDRESSING THE RISING OBESITY RATES ACROSS THE STATE, MHSM SUPPORTS THE HEALTHY EATING ACTIVE LIVING TASK FORCE (PREVIOUSLY KNOWN AS THE OBESITY AND POOR NUTRITION CHIP), WHICH STRIVES TO ADDRESS POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES IN AN EFFORT TO INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS, INCREASE PHYSICAL ACTIVITY OPPORTUNITIES, DEPLOY EDUCATION CAMPAIGNS ABOUT THE RISK OF OBESITY AND OTHER HEALTH CONCERNS, EMPOWER RESIDENTS TO MAKE HEALTHIER CHOICES, AND EMPOWER COMMUNITY BUSINESSES AND ORGANIZATIONS TO ADOPT HEALTHY VENDING AND CAFETERIA POLICIES TO ENCOURAGE HEALTHY CHOICES THAT MEET MINIMUM NUTRITIONAL STANDARDSST MARY MERCY LIVONIA TO ASSIST IN ADDRESSING THE EDUCATIONAL DISPARITIES IN DETROIT, SMML HAS BEEN ONE OF THE CORPORATE SPONSORS OF THE DETROIT CRISTO REY SCHOOL SINCE IT OPENED CRISTO REY IS A COLLEGE PREP CATHOLIC HIGH SCHOOL, ONE OF SEVERAL AROUND THE COUNTRY, FOR LOW-INCOME KIDS WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD PRIVATE SCHOOL THE VAST MAJORITY OF STUDENTS ARE EITHER HISPANIC OR BLACK, AND MOST OF THEM WILL BE THE FIRST IN THEIR FAMILY TO GO TO COLLEGE THIS UNIQUE EDUCATIONAL MODEL PREPARES STUDENTS FOR COLLEGE AND FOR WORK ONE DAY A WEEK, BEGINNING FRESHMAN YEAR, THE STUDENTS GO TO WORK FOR A PROFESSIONAL COMPANY THE COMPANY, IN TURN, AGREES TO PAY 60% OF THE STUDENT'S SCHOOL TUITION STUDENTS INTERESTED IN HEALTH CARE TRADE THEIR SCHOOL UNIFORMS FOR HOSPITAL SCRUBS AS THEY TRAVEL ONCE PER WEEK TO SMML FOR THEIR WORK-EXPERIENCE IN THE MIRACLE OF LIFE BIRTHING CENTER BESIDES THE WORK EXPERIENCE, THEY ARE MENTORED AND GUIDED BY THE 60 EMPLOYEES WORKING IN THIS DEPARTMENT</p>

**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	TH-MI 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, TH-MI IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, TH-MI 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	TH-MI IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	TH-MI 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 HOSPITALS' COLLECTION POLICIES CONTAIN 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 EACH ORGANIZATION'S COLLECTION POLICY THE HOSPITALS HAVE 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 - THE HOSPITALS IN TH-MI ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, 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 THEIR OVERALL COMMUNITIES IN THE ASSESSMENT OF THEIR COMMUNITIES, THE HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, COMMITTEE MEETINGS WITH MEDICAL STAFF (PHYSICIANS) AND DEPARTMENT STAFF, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - TH-MI 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 TH-MI 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 TH-MI HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS TH-MI 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</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ST JOSEPH MERCY ANN ARBOR SAINT JOSEPH MERCY HEALTH SYSTEM (SJMHS) IS A SUBURBAN HEALTH CARE NETWORK SERVING WASHTENAW, LIVINGSTON, EASTERN JACKSON, LENAWE, MONROE, WESTERN WAYNE, AND SOUTHWESTERN OAKLAND COUNTIES THE SJMHS HEALTH CARE NETWORK INCLUDES FIVE HOSPITALS ST JOSEPH MERCY ANN ARBOR, ST MARY MERCY HOSPITAL IN LIVONIA, ST JOSEPH MERCY CHelsea, ST JOSEPH MERCY OAKLAND IN PONTIAC, AND SAINT JOSEPH MERCY LIVINGSTON IN HOWELL COMBIN ED, THESE HOSPITALS ARE LICENSED FOR 1,726 INPATIENT BEDS THE SJMAA SERVICE AREA IS DEFIN ED AS THE POPULATION OF WASHTENAW COUNTY WASHTENAW COUNTY IS ESTIMATED TO HAVE A POPULATI ON OF 358,081 AS OF DECEMBER 2014 (SEMCOG) THE POPULATION UNDER AGE 18 HAS CONSISTENTLY D ECLINED OVER THE PAST FOUR YEARS WHILE THE OVER-65 POPULATION HAS GROWN IN 2014, 12% OF T HE POPULATION WAS 65 AND OLDER WASHTENAW COUNTY'S POPULATION IS RACIALLY DIVERSE WITH 76 2% WHITE, 13 9% BLACK, 9 4% ASIAN, AND 0 6% NATIVE AMERICAN IN JULY 2014 INCOME AND POVERTY ARE SIGNIFICANT INDICATORS OF HEALTH AND LIFE EXPECTANCY EDUCATION LEVEL IS ALSO SIGNI FICANTLY CONNECTED WITH INCOME LEVEL AND POVERTY IN WASHTENAW COUNTY, THE MEDIAN HOUSEHOL D INCOME IS \$60,805 THIS IS SIGNIFICANTLY HIGHER THAN THE MEDIAN INCOME OF MICHIGAN IN GE NERAL, WHICH IS \$49,087 IT IS ALSO HIGHER THAN THE U S MEDIAN INCOME OF \$52,482 HOWEVER, OBSERVING THE PERCENTAGE OF THOSE LIVING IN POVERTY BASED ON GEOGRAPHICAL LOCATION DEMON STRATES THAT THERE ARE SPECIFIC AREAS OF WASHTENAW COUNTY THAT ARE EXPERIENCING HIGHER RAT ES OF POVERTY COMPARED TO THE REST OF THE COUNTY AND THE STATE MERCY HEALTH SAINT MARY'S G RAND RAPIDS KENT COUNTY IS CONSIDERED THE PRIMARY MARKET AREA OF MHSM KENT COUNTY IS LOCA TED IN WESTERN MICHIGAN AND IS THE FOURTH LARGEST POPULOUS COUNTY IN THE STATE THE COUNTY IS COMPOSED OF 21 TOWNSHIPS, FIVE VILLAGES, AND NINE CITIES COVERING 864 SQUARE MILES GR AND RAPIDS IS THE COUNTY SEAT AND IS 30 MILES FROM LAKE MICHIGAN THE HEALTH CARE RESOURC E S IN KENT COUNTY INCLUDE MERCY HEALTH SAINT MARY'S, METROPOLITAN HEALTH (UNIVERSITY OF MIC HIGAN HEALTH), SPECTRUM HEALTH-BUTTERWORTH CAMPUS, SPECTRUM HEALTH-BLODGETT CAMPUS, PINE R EST CHRISTIAN MENTAL HEALTH SERVICES, AND MARY FREE BED REHABILITATION HOSPITAL IN ADDITI ON, THE HEALTH DEPARTMENT OPERATES SIX PUBLIC HEALTH CLINICS THROUGHOUT THE COUNTY THAT OF FER PERSONAL HEALTH SERVICES THERE ARE AN ESTIMATED 648,594 PEOPLE RESIDING IN KENT COUNT Y AS OF JULY 1, 2017 THE MEDIAN HOUSEHOLD INCOME FOR KENT COUNTY IS \$54,673 WITH 12 1% OF RESIDENTS LIVING IN POVERTY TWENTY-FOUR PERCENT (24 4%) OF THE POPULATION IS BELOW THE AGE OF 18 AND 13 2% IS 65 YEARS OF AGE AND OLDER EIGHTY-TWO PERCENT (82 5%) OF THE POPULATI ON IS WHITE, 10 5% BLACK, AND 10 6% LATINO EIGHTY-NINE PERCENT (89 5%) ARE HIGH SCHOOL G RADUATES AND 33 7% HAVE A BACHELOR'S DEGREE OR HIGHER AS OF AUGUST 2018 THE UNEMPLOYMENT RATE IS 2 7%, DOWN FROM 4 1% FROM AUGUST 2017 ST JOSEPH MERCY OAKLAND (PONTIAC) FOR THE P URPOSE OF THIS CHNA ASSESSMENT, THE GEOGRAPHIC BOUNDARY FOR SJMO ENCOMPASSES THE COMBINED GEOGRAPHY OF OAKLAND COUNTY THE HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS THE CONTIGU OUS ZIP CODES WHERE 80% OF THE HOSPITAL'S ADMISSIONS ORIGINATE THE PRIMARY SERVICE AREA O F SJMO INCLUDES OAKLAND COUNTY, SPECIFICALLY THE CITY OF PONTIAC, LOCATED IN SOUTHEASTERN MICHIGAN OAKLAND COUNTY IS THE SECOND MOST POPULATED COUNTY IN MICHIGAN BEHIND WAYNE COUN TY, WITH APPROXIMATELY 1 2 MILLION RESIDENTS IN 62 CITIES, VILLAGES, AND TOWNSHIPS THE RO BERT WOOD JOHNSON FOUNDATION RANKS OAKLAND COUNTY AS THE 9TH HEALTHIEST COUNTY IN MICHIGAN HOWEVER, SJMO IS LOCATED IN PONTIAC, MI, AN AREA DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED FOR HAVING TOO FEW PRIMARY CARE PROVIDERS , HIGH INFANT MORTALITY, HIGH POVERTY, AND HIGH ELDERLY POPULATION AS A RESULT, THE CHNA REVIEW WAS CONDUCTED TO ANALYZE NEEDS IN PONTIAC AS WELL AS OAKLAND COUNTY OVERALL PONTIA C IS A MIDWEST POSTINDUSTRIAL COMMUNITY RESIDENTS LEFT THIS ONCE-THRIVING CITY DUE TO A D IMINISHING AUTO INDUSTRY THE COMMUNITY NOW SUFFERS FROM INCREASING POVERTY AND HARDSHIP PONTIAC, LIKE MOST CITIES IN THE NATION, FACED A RECESSION IN 2009 THE BANKRUPTCY OF GM A ND CHRYSLER LEFT THE CITY IN A FINANCIAL CRISIS UNEMPLOYMENT SOARED, TAX REVENUES DECLINE D, AND THE LOCAL GOVERNMENT CUT ESSENTIAL SERVICES PONTIAC IS A UNIQUE COMMUNITY NOT BECA USE IT IS PLAGUED BY EXCESSIVE POVERTY BUT BECAUSE IT IS SURROUNDED BY AFFLUENT COMMUNITIE S, CREATING A SILO OF UNDERSERVED RESIDENTS ST MARY MERCY LIVONIA LOCATED IN WESTERN WAY NE COUNTY, THE SERVICE AREA OF SMML FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS DEFINED AS CITIES WITHIN A FIVE MILE RADIUS OF THE HOSPITAL THIS INCLUDES ZIP CODES OF WESTLAND, CANTON, LIVONIA, NORTHVILLE CITY, NORTHVILLE TOWNSHIP, PLYMOUTH, PLYMOUTH TOWNSHIP, REDFO RD, FARMINGTON HILLS, AND FARMINGTON THE MAJORITY OF THESE CITIES ARE LOCATED IN WESTERN WAYNE COUNTY, HOWEVER, FARMINGTON HILLS LIES WITHI</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>N SOUTHERN OAKLAND COUNTY LINES THE POPULATION FOR THESE COMMUNITIES IS 475,178 RESIDENTS THE HOSPITAL'S COMMUNITY IS PREDOMINANTLY CAUCASIAN WITH SOME AFRICAN AMERICAN, HISPANIC , AND ASIAN COMMUNITY RESIDENTS ST JOSEPH MERCY LIVINGSTON THE SERVICE AREA FOR SJML'S CHNA IS DEFINED AS LIVINGSTON COUNTY, AS THE MAJORITY OF PATIENTS SERVED BY THE HOSPITAL ARE FROM THIS COUNTY LIVINGSTON COUNTY IS LOCATED ON THE SOUTHEAST SIDE OF MICHIGAN, BORDERED BY WASHTENAW, GENESEE, SHIAWASEE, OAKLAND, INGHAM AND JACKSON COUNTIES THE CENSUS BUREAU 2017 ESTIMATED THE POPULATION AT 189,651, AN INCREASE FROM THE LAST CYCLE'S CHNA AS OF THE 2000-2010 CENSUS, A 15% POPULATION INCREASE WAS IDENTIFIED AND FUTURE PROJECTIONS SHOW A CONTINUED INCREASE MALE AND FEMALE POPULATIONS ARE ROUGHLY EQUAL THE POPULATION SEEING THE LARGEST INCREASE IS 65 AND OVER, WITH A 66% INCREASE RECORDED IN THE 2000-2010 CENSUS, AND A PROJECTED INCREASE THROUGH 2040 IDENTIFIED BY SOUTHEAST MICHIGAN COUNCIL OF GOVERNMENTS WHITE INDIVIDUALS MAKE UP 96.7% OF THE POPULATION INDIVIDUALS EXPERIENCING ANY DISABILITY MAKE UP 10% OF THE POPULATION IN THE COUNTY, COMPARED TO 14% IN MICHIGAN AND 12.5% IN THE U.S. ST JOSEPH MERCY CHELSEA THE SJMC SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA ENCOMPASSING THE ZIP CODES OF CHELSEA, DEXTER, GRASS LAKE, GREGORY, MANCHESTER, MUNITH, AND STOCKBRIDGE, MICHIGAN THIS INCLUDES SECTIONS OF FOUR COUNTIES (WESTERN WASHTENAW, SOUTHEASTERN INGHAM, SOUTHWESTERN LIVINGSTON, AND EASTERN JACKSON) AND ALL OR PART OF THE FOLLOWING CITIES, VILLAGES, AND TOWNSHIPS BRIDGEWATER, CHELSEA, DEXTER, DEXTER TOWNSHIP, FREEDOM, GRASS LAKE, HENRIETTA, LIMA, LYNDON, MANCHESTER, SCIO, SHARON, STOCKBRIDGE, SYLVAN, UNADILLA, WATERLOO, WEBSTER, VILLAGE OF GRASS LAKE, VILLAGE OF MANCHESTER, AND VILLAGE OF STOCKBRIDGE ACCORDING TO THE HOSPITAL'S PLANNING DEPARTMENT, THE SJMC SERVICE AREA WAS DETERMINED BY THE GEOGRAPHIC PROXIMITY OF THESE COMMUNITIES TO THE HOSPITAL IN CHELSEA, MI THE TOTAL POPULATION OF THE SIX ZIP CODES INCLUDED IN THE SJMC SERVICE AREA IS 56,023 ACCORDING TO THE 2010 CENSUS THE AVERAGE RACE DISTRIBUTION FOR THE SERVICE AREA IS 95% CAUCASIAN, 2.1% HISPANIC, AND LESS THAN 1% EACH OF OTHER RACES THE AVERAGE AGE FOR THE SERVICE AREA IS 42.5</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH TH-MI HOSPITALS COLLABORATE WITH OTHERS IN THE COMMUNITY TO ACHIEVE IMPROVEMENTS IN HEALTH AND ACCESS TO HEALTH CARE SAINT JOSEPH MERCY HEALTH SYSTEM (ANN ARBOR AND CHELSEA) THE WASHTENAW HEALTH PLAN (WHP) REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW COUNTY, THE UNIVERSITY OF MICHIGAN AND SJMHS TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR THE MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY SJMHS SUPPORTS THIS PROGRAM BY PROVIDING STAFF SUPPORT TO HELP PATIENTS GAIN ACCESS TO A MEDICAL HOME THE HOSPITALS ALSO PROVIDE THIS POPULATION WITH FREE OR REDUCED-FEE CLINICAL SERVICES SJMAA WAS THE LEAD AGENCY IN THE ORIGINATION OF THE WASHTENAW HOUSING ALLIANCE (WHA), A COALITION OF NINE SOCIAL SERVICE AGENCIES DEALING WITH HOUSING OF VARIOUS TYPES, WHOSE MISSION IS TO END HOMELESSNESS IN WASHTENAW COUNTY IN ADDITION, SJMHS AND ITS BOARD MEMBERS WERE KEY IN BUILDING THE DELONIS CENTER IN DOWNTOWN ANN ARBOR THIS CENTER PROVIDES NEEDED ACCOMMODATIONS FOR THE HOMELESS, AS WELL AS SOCIAL AND HEALTH SUPPORT SERVICES IN 2015, SJMAA BECAME A PART OF THE WASHTENAW COUNTY COORDINATED FUNDERS, A PUBLIC-PRIVATE COLLABORATIVE FUNDING PARTNERSHIP WORKING TO FUND SOCIAL SERVICES AGENCIES ACROSS COMMUNITY-LEVEL OUTCOMES IN THE AGING, SAFETY NET HEALTH, CRADLE TO CAREER, NUTRITION, AND HOUSING AND HOMELESSNESS SECTORS SJMAA ALSO SUPPORTS AVALON HOUSING'S FUSE PROGRAM, WHICH PROVIDES CARE AND RESOURCES TO HOMELESS INDIVIDUALS EXPERIENCING MENTAL HEALTH, SUBSTANCE USE DISORDER, AND CHRONIC ILLNESSES, BY SECURING HOUSING AND NECESSARY SOCIAL SERVICES THROUGH A PERMANENT SUPPORTIVE HOUSING MODEL SJMHS OPERATES TWO CLINICS THAT SUPPLY FREE OR REDUCED-FEE HEALTH CARE SERVICES TO AT-RISK POPULATIONS THE NEIGHBORHOOD HEALTH CLINIC IS LOCATED IN DOWNTOWN YPSILANTI, WHILE THE ACADEMIC OB/GYN CLINIC IS LOCATED ON THE ANN ARBOR HOSPITAL CAMPUS SJMAA IS A PARTNER IN THE COLLABORATIVE FUNDING MODEL, WASHTENAW COORDINATED FUNDING THE MODEL CONSISTS OF SEVEN PARTNERS MEETING THE NEEDS OF OUR COMMUNITY'S MOST VULNERABLE IN FOUR PRIORITY AREAS THROUGH THREE FUNDING COMPONENTS INTENDED TO SUPPORT HUMAN SERVICES PROGRAMMING, BUILD NONPROFIT CAPACITY, AND FOSTER COMMUNITY COLLABORATION AND SYSTEMS-LEVEL CHANGE THE THREE DISTINCT COMPONENTS WITHIN THE MODEL (SECTOR LEADERS, PROGRAM OPERATIONS FUNDING AND CAPACITY BUILDING GRANTS) ARE DESIGNED TO PREVENT GAPS AND AVOID REDUNDANCIES IN SERVICES, WHILE STREAMLINING APPLICATION AND REPORTING PROCEDURES FOR GRANTEEES SJMAA IS CONTRIBUTING FUNDING TO THE MODEL, AND DEDICATING STAFF TIME AND OTHER RESOURCES EACH YEAR ALL FUNDING DISTRIBUTED THROUGH THIS MODEL IS ALIGNED WITH SJMAA'S PRIORITY HEALTH AREAS OF BEHAVIORAL HEALTH AND OBESITY SJMC PROVIDES FINANCIAL AND IN-KIND STAFF SUPPORT TO COMMUNITY ORGANIZATIONS SERVING THE POOR AND VULNERABLE IN OUR SERVICE AREA THESE INCLUDE FOOD PANTRIES, SENIOR CENTERS, AND AGENCIES THAT PROVIDE TRANSPORTATION THROUGH THESE FUNDS, SJMAA IMPLMENTS POSITIVE CHANGES IN SOCIAL DETERMINANTS OF HEALTH, INCLUDING FOOD ACCESS, TRANSPORTATION, SOCIAL ISOLATION, AND HOUSING SJMC ALSO SERVES AS THE FISCAL AGENT FOR THE CHELSEA FARMERS MARKET, AND PROVIDES SIGNIFICANT FINANCIAL AND IN-KIND SUPPORT TO THAT MARKET, WITH THE GOAL OF INCREASING ACCESS TO HEALTHY FOODS, AND CONTRIBUTING TO THE LOCAL ECONOMY MERCY HEALTH SAINT MARY'S GRAND RAPIDS IN APRIL 2016, MHSM OPENED A CONCIERGE MEDICINE DEPARTMENT WHICH PROVIDES 24/7 ACCESS TO A PRIMARY CARE PHYSICIAN TO ALIGN WITH MHSM'S MISSION STATEMENT TO PROVIDE CARE FOR THE POOR AND UNDERSERVED, 10% OF THE REVENUE FROM THE CONCIERGE MEDICINE DEPARTMENT WILL BE REALLOCATED TO FUND PROGRAMS THAT SUPPORT THE POOR AND UNDERSERVED MEMBERS OF THE COMMUNITY IN 2017, THE TOTAL GRANT AMOUNT AWARDED WAS \$65,625 WHICH WAS GIFTED TO TWO COMMUNITY ORGANIZATIONS WITH PROGRAMS THAT ALIGN WITH MHSM'S CHNA IMPLEMENTATION STRATEGY FAMILY FUTURES WAS GRANTED \$30,625 TO SCREEN CHILDREN AND PARENTS WITHIN VULNERABLE FAMILIES FOR ADVERSE CHILDHOOD EXPERIENCES (ACE) UTILIZING HEALTHY FAMILIES HOME-VISITING SERVICE ABOUT 70% OF THE SCREENING RESULTS WILL BE SHARED WITH THE PRIMARY CARE PROVIDERS FOR INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES THE FAMILY OUTREACH CENTER WAS GRANTED \$35,000 TO PROVIDE BEHAVIORAL HEALTH TREATMENT AND SUPPORT SERVICES TO THE UNDOCUMENTED, UNINSURED, OR UNDERINSURED WITH LIMITED INCOME TO ACCOMPLISH THIS, BEHAVIORAL HEALTH COUNSELING WILL BE INTEGRATED WITH PRIMARY CARE SERVICES AT FOUR COMMUNITY CLINICS SERVING VULNERABLE POPULATIONS IN MARCH 2018 MHSM RECEIVED BABY-FRIENDLY HOSPITAL DESIGNATION THROUGH BABY-FRIENDLY USA, INC, WHICH IS THE ACCREDITING BODY FOR THE BABY-FRIENDLY HOSPITAL INITIATIVE IN THE UNITED STATES BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS ST JOSEPH MERCY OAKLAND (PONTIAC) AS A KEY PARTNER WITH THE O</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>AKLAND COUNTY HEALTH DEPARTMENT, OAKLAND UNIVERSITY, AND PONTIAC CIVIC LEADERS, SJMO IS PART OF THE FIVE MEMBER "INVEST HEALTH" GRANT TEAM, FUNDED THROUGH THE REINVESTMENT FUND AND ROBERT WOOD JOHNSON FOUNDATION, TO ADDRESS SOCIAL DETERMINATES OF HEALTH IN 50 MID-SIZED CITIES ACROSS AMERICA THIS TEAM CURRENTLY FOCUSES ON BUILDING COMMUNITY COLLABORATIONS AND LEVERAGING COMMUNITY RESOURCES TO IDENTIFY AND ADDRESS BARRIERS TO HEALTH FOR CITY OF PONTIAC RESIDENTS IN THE INITIAL PHASE OF THIS PARTNERSHIP, THERE WAS A FOCUS ON THE EFFECTS OF TRANSPORTATION UPON HEALTH IN FY18, AS AN INVEST HEALTH TEAM MEMBER, SJMO WAS ASKED TO SERVE ON A NATIONAL PANEL TO DISCUSS LAYING THE FOUNDATION FOR COMMUNITY INVESTMENT AND SYSTEM CHANGE IMPLEMENTATION THROUGH POLICY, PRACTICE AND FINANCING THE HOSPITAL ALSO CONTINUES TO STRENGTHEN ITS SENIOR FIT PROGRAM, EXPANDING TO SERVE MORE THAN 850 SENIORS IN 20 LOCATIONS ACROSS OAKLAND COUNTY, PROVIDING BASIC PRE AND POST HEALTH SCREENING, AND AN THREE-TIMES-A-WEEK EXERCISE PROGRAM FOR SENIORS THIS PROGRAM SUPPORTS BOTH THEIR PHYSICAL AND EMOTIONAL HEALTH THROUGH THE MERCY SUPPORT PROGRAM, OVER 1,000 LOW-INCOME AND AT-RISK PERSONS WERE SERVED, WHILE MORE THAN 7,000 PATIENTS WERE SERVED THROUGH THE INDIGENT PROCUREMENTS AND MERCY SUPPORT PRESCRIPTION PROGRAMS ST MARY MERCY LIVONIA SMML CONTINUED TO OFFER ROBUST INPATIENT BEHAVIORAL MEDICINE SERVICES TO RESPOND TO THE COMMUNITY NEEDS, INCLUDING A SECTION WITHIN THE ER FOR BEHAVIORAL MEDICINE PSYCHIATRIC SOCIAL WORKERS ASSIST PATIENTS AND THEIR FAMILIES IN THE AUTHORIZATION PROCESS FOR INPATIENT ADMISSION OR CONNECTING THEM WITH OUTPATIENT SERVICES AVAILABLE IN THE COMMUNITY COMPLEX CARE COORDINATORS WERE IMPLEMENTED IN THE AMBULATORY NETWORK AND THROUGH THE EMERGENCY DEPARTMENT TO ASSIST WITH NAVIGATION SMML CONTINUED TO PROVIDE MEETING SPACE FOR A VARIETY OF SUBSTANCE ABUSE AND MENTAL HEALTH SUPPORT GROUPS, INCLUDING EMOTIONS ANONYMOUS THE HOSPITAL ALSO PROVIDED MEETING SPACE FOR OVEREATERS ANONYMOUS TO SUPPORT ADULTS AND THEIR EFFORTS TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT THE DEVELOPMENT OF THE PEER RECOVERY COACHING PROGRAM SERVED AS A CATALYST FOR BUDGET ALLOCATIONS IN THE MICHIGAN STATE BUDGET, WITH FUNDS INTENDED TO ENHANCE THE ST MARY MERCY CHEMICAL DEPENDENCY UNIT AND SUPPORT THE IMPACT OF THIS PROGRAM REPRESENTATIVE LAURA COX WAS INSTRUMENTAL IN THESE EFFORTS TO SECURE THE FUNDING NEEDED TO BRING NEW AND INNOVATIVE APPROACHES TO THESE INDIVIDUALS THE PROGRAM ENHANCEMENTS WILL INCLUDE ADDITIONAL PEER RECOVERY COACHES RESOURCES AS WELL AS SPECIALIZED TRAUMA THERAPY AT THE SAME TIME, SMML IS ACTIVELY PARTNERING WITH THE PUBLIC SAFETY DEPARTMENTS OF WESTERN WAYNE COUNTY, LOCAL JUDICIARY ENTITIES, AS WELL AS COMMUNITY ORGANIZATIONS LIKE GROWTH WORKS TO DEVELOP A 'SAFETY NET' APPROACH TITLED WESTERN WAYNE RESCUE RECOVERY THIS COLLABORATION WILL HELP CONNECT INDIVIDUALS WITH THE LEGAL AND MEDICAL RESOURCES THEY NEED TO HELP SUPPORT THEM ON THEIR JOURNEY TO RECOVERY, REGARDLESS OF HOW THEY INITIALLY COME IN CONTACT WITH THE VARIOUS ORGANIZATIONS INVOLVED ST JOSEPH MERCY LIVINGSTON SJML ACTIVELY SUPPORTS COMMUNITY ENTITIES, INCLUDING LIVINGSTON COUNTY PUBLIC HEALTH, LIVINGSTON COUNTY CATHOLIC CHARITIES (WHICH HOUSES THE LIVINGSTON COUNTY SUBSTANCE ABUSE PREVENTION COALITION), LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH, AND THE LOCAL HUMAN SERVICES COLLABORATIVE BODY SUPPORT FOR THESE ORGANIZATIONS INCLUDES BUT IS NOT LIMITED TO SEATS ON VARIOUS BOARDS, SJML STAFF MEMBERS' PRESENCE AT WORKGROUPS WITHIN COLLABORATIONS SUPPORTING THE WORK OF THE SE AGENCIES, AND MONETARY OR IN-KIND STAFF TIME AT EVENTS PROMOTING HEALTH TO THE GENERAL PUBLIC SJML ALSO SUPPORTS THE LOCAL FOOD BANK THROUGH DONATIONS</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>TH-MI 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 MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS 1 REDUCE TOBACCO USE 2 REDUCE OBESITY PREVALENCE3 ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH TRINITY HEALTH INVESTED \$3.6 MILLION IN FISCAL YEAR 2018 IN TCI IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES TRINITY HEALTH INVESTED OVER \$260,000 IN FISCAL YEAR 2018 IN GSI ADDITIONALLY, TRINITY HEALTH INVESTED \$500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER \$1.1 BILLION IN SUCH COMMUNITY BENEFITS FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT <a href="http://WWW.TRINITY-HEALTH.ORG">WWW.TRINITY-HEALTH.ORG</a></p>

**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2113393  
**Name:** TRINITY HEALTH - MICHIGAN

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		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	ST JOSEPH MERCY ANN ARBOR 5301 MCAULEY DR YPSILANTI, MI 48197 WWW STJOESHEALTH ORG LICENSE 1060000071	X	X		X			X			
2	MERCY HEALTH ST MARY'S 200 JEFFERSON STREET SE GRAND RAPIDS, MI 49503 WWW MERCYHEALTHSAINTMARYS COM LICENSE 1060000030	X	X		X			X			
3	ST JOSEPH MERCY OAKLAND 44405 WOODWARD AVE PONTIAC, MI 48341 WWW STJOESOAKLAND ORG LICENSE 1060000013	X	X		X			X			
4	ST MARY MERCY LIVONIA 36475 FIVE MILE RD LIVONIA, MI 48154 WWW STMARYMERCY ORG LICENSE 1060000001	X	X		X			X			
5	ST JOSEPH MERCY CHELSEA 775 S MAIN CHELSEA, MI 48118 WWW STJOESCHELSEA ORG LICENSE 1060000099	X	X					X			

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		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
6	ST JOSEPH MERCY LIVINGSTON 620 BYRON RD HOWELL, MI 48843 WWW STJOESLIVINGSTON.ORG LICENSE 1060000033	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			

**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
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 3J N/ALINE 3E ST JOSEPH MERCY ANN ARBOR (SJMAA) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS FOR SJMAA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 MENTAL HEALTH AND SUBSTANCE USE DISORDERS2 OBESITY AND RELATED ILLNESSES3 PRECONCEPTUAL AND PERINATAL HEALTH

**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 SAINT MARY'S	PART V, SECTION B, LINE 3J N/ALINE 3E MERCY HEALTH SAINT MARY'S (MHSM) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS FOR MHSM WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 MENTAL HEALTH (INCLUDING STRESS AS IT PERTAINS TO MENTAL HEALTH)2 SUBSTANCE ABUSE (INCLUDING NICOTINE PRODUCTS)3 OBESITY (INCLUDING POOR NUTRITION)4 DIABETES (INCLUDING FOOD INSECURITY AS IT RELATES TO DIABETES)

**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
ST JOSEPH MERCY OAKLAND	PART V, SECTION B, LINE 3J N/A LINE 3E ST JOSEPH MERCY OAKLAND (SJMO) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE CHNA IDENTIFIED 16 HEALTH NEEDS WITHIN THE SJMO SERVICE AREA THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 MENTAL HEALTH/SUBSTANCE ABUSE 2 OBESITY/DIABETES 3 HEART DISEASE 4 MATERNAL HEALTH EDUCATION

**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
ST MARY MERCY LIVONIA	PART V, SECTION B, LINE 3J N/ALINE 3E ST MARY MERCY LIVONIA (SMML) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS THE FISCAL YEAR (FY) 2018 CHNA IDENTIFIED FIVE HEALTH ISSUES FOR SMML THAT WERE SIMILAR TO THOSE IDENTIFIED IN THE FY 2015 CHNA THESE WERE PRIORITIZED AS 1 NUTRITION/HEALTHY EATING -INCREASE KNOWLEDGE THROUGH EDUCATION ABOUT HEALTHY EATING, INCREASE ACCESS TO AFFORDABLE FRUITS AND VEGETABLES, PROVIDE ADULTS SERVICES AND RESOURCES TO ACHIEVE A HEALTHY WEIGHT2 SUBSTANCE ABUSE -INCREASE THE NUMBER OF PEOPLE SEEKING TREATMENT AND DECREASE DEATHS FROM OPIOIDS3 MENTAL HEALTH - INCREASE NUMBER OF PEOPLE SEEKING TREATMENT, INCREASE KNOWLEDGE THROUGH EDUCATION ABOUT MENTAL HEALTH/DEPRESSION TO REDUCE THE STIGMA4 ACCESS TO CARE - IMPROVE ACCESS TO PRIMARY CARE PROVIDERS, IMPROVE NAVIGATION AND PROVIDE HEALTH CARE RESOURCES 5 PHYSICAL ACTIVITY - INCREASE ACCESS TO/USE OF PHYSICAL ACTIVITY OPPORTUNITIES



**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
ST JOSEPH MERCY LIVINGSTON	PART V, SECTION B, LINE 3J N/ALINE 3E ST JOSEPH MERCY LIVINGSTON (SJML) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS FOR SJML WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 OBESITY AND CARDIOVASCULAR DISEASE2 BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE) 3 ACCESS TO CARE

**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
ST JOSEPH MERCY CHELSEA	PART V, SECTION B, LINE 3J N/ALINE 3E ST JOSEPH MERCY CHELSEA (SJMC) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS FOR SJMC WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 MENTAL HEALTH AND SUBSTANCE USE DISORDERS2 OBESITY AND RELATED ILLNESSES3 PRECONCEPTUAL AND PERINATAL HEALTH

**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
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 5 IN THE SUMMER OF 2015, SJMAA, AS A PART OF THE COLLABORATIVE NEEDS ASSESSMENT PROCESS WITH ST JOSEPH MERCY CHELSEA AND MICHIGAN MEDICINE (D/B/A UNIVERSITY OF MICHIGAN HEALTH SYSTEM), CONSULTED MANY COMMUNITY ORGANIZATIONS TO TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH KEY STAKEHOLDER INTERVIEWS AND COMMUNITY SURVEYS, INCLUDING FOCUS GROUPS OF RURAL OLDER ADULTS, RURAL YOUTH, URBAN OLDER ADULTS, AND URBAN YOUTH, AND KEY STAKEHOLDER INTERVIEWS WITH REPRESENTATIVES FROM WASHTENAW COUNTY COMMUNITY MENTAL HEALTH, WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT, CATHOLIC SOCIAL SERVICES, HAMILTON CROSSING FAMILY EMPOWERMENT PROGRAM, HURON VALLEY AMBULANCE, SALINE AREA PUBLIC SCHOOLS, AND WASHTENAW INTERMEDIATE SCHOOL DISTRICT, WHICH SERVE MINORITY, UNDERREPRESENTED, AND MEDICALLY UNDERSERVED POPULATIONS IN THE COMMUNITY, INCLUDING BUT NOT LIMITED TO LATINX, THOSE BELOW THE FEDERAL POVERTY LEVEL, INDIVIDUALS EXPERIENCING HOMELESSNESS, OLDER ADULTS, THOSE EXPERIENCING SUBSTANCE USE DISORDER, AND THOSE EXPERIENCING MENTAL ILLNESS

**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 SAINT MARY'S	<p>PART V, SECTION B, LINE 5 THE CHNA WAS VERY INCLUSIVE AND COMPREHENSIVE IN INCORPORATING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THE DATA WAS COLLECTED THROUGH THE MONTHS OF MAY 2017 TO DECEMBER 2017 THE QUALITATIVE DATA IS FROM A COLLECTION OF IN-PERSON AND VIDEO CONSUMER SURVEYS, PHOTOS OF COMMUNITY ENVIRONMENTS, COMMUNITY POLLS AND INPUT CARDS, AND PAPER AND ELECTRONIC SURVEYS OFFERED IN BOTH ENGLISH AND SPANISH ADDITIONAL DATA WAS COLLECTED FROM STATE INFORMATION SOURCES SUCH AS THE MICHIGAN BEHAVIORAL RISK FACTOR SURVEYS MORE INFORMATION ON EACH OF THESE METHODS IS DESCRIBED IN GREATER DETAIL IN THE COMMUNITY HEALTH NEEDS ASSESSMENT SEVERAL COMMUNITY ORGANIZATIONS PROVIDED INPUT, INCLUDING THE BAXTER COMMUNITY CENTER, CALVIN COLLEGE, CATHERINE'S HEALTH CENTER, CHERRY HEALTH, CITY OF GRAND RAPIDS, COALITION TO END HOMELESSNESS, GRAND VALLEY STATE UNIVERSITY, ESSENTIAL NEEDS TASK FORCE, FAMILY FUTURES, FERRIS STATE UNIVERSITY, FIRST STEPS, GRAND RAPIDS CHAMBER OF COMMERCE, GRAND RAPIDS HQ, GRAND RAPIDS PUBLIC SCHOOLS, HEALTHY HOMES COALITION, HEART OF WEST MICHIGAN UNITED WAY, KCONNECT, KENT COUNTY HEALTH DEPARTMENT, KENT COUNTY PREVENTION COALITION (NETWORK 180), KENT INTERMEDIATE SCHOOL DISTRICT, MARY FREE BED, METRO HEALTH, OUR COMMUNITY'S CHILDREN, PREGNANCY RESOURCE CENTER, SPECTRUM HEALTH, STRONG BEGINNINGS, THE GRAND RAPIDS RED PROJECT, AND THE YMCA OF GREATER GRAND RAPIDS THE RESULTS OF THE SURVEYS WERE FROM COMMUNITIES ACROSS KENT COUNTY AND REPRESENTED A DIVERSE POPULATION SURVEY RESPONDENTS WERE 31% MALE AND 69% FEMALE AND REPRESENTED VARYING ETHNICITIES, INCLUDING CAUCASIAN, AFRICAN AMERICAN, HISPANIC/LATINO, AND THOSE WITH MULTIRACIAL BACKGROUNDS AS A FIRST LANGUAGE, 91.5% OF RESPONDENTS SPOKE ENGLISH AND 7.2% SPOKE SPANISH OF SURVEY RESPONDENTS, 33.5% EARNED AN ANNUAL INCOME OF LESS THAN \$20,000 AND 7% OF SURVEY RESPONDENTS DID NOT HAVE A HIGH SCHOOL DIPLOMA THE COMMUNITY ORGANIZATIONS WHO WERE INVOLVED IN THE CHNA PROCESS REPRESENT RESIDENTS OF ALL AGES, LOW-INCOME, HOMELESS, ETHNICALLY DIVERSE, UNINSURED/UNDERINSURED, AT-RISK YOUTH, PREGNANT WOMEN, AND THOSE STRUGGLING WITH BEHAVIORAL HEALTH AND SUBSTANCE USE CONCERNS</p>

**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
ST JOSEPH MERCY OAKLAND	PART V, SECTION B, LINE 5 BETWEEN NOVEMBER 2017 AND APRIL 2018, SJMO CONSULTED MANY COMMUNITY ORGANIZATIONS AND THEIR REPRESENTATIVES TO TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THE INDIVIDUALS REPRESENTED BY THE ORGANIZATIONS, NOTED BELOW, ARE THOSE WHO ARE ECONOMICALLY DISADVANTAGED, RACIAL AND ETHNIC MINORITIES, UNINSURED, LOW-INCOME, ELDERLY, HOMELESS, AND HAVE CHRONIC HEALTH CONDITIONS THE ORGANIZATIONS REPRESENTED INCLUDE GREAT START OAKLAND COUNTY, OAKLAND COUNTY LIGHT HOUSE, PONTIAC SCHOOL DISTRICT, THE CITY OF PONTIAC, OAKLAND LIVINGSTON HEALTH SERVICE AGENCY (OLSHA), OAKLAND UNIVERSITY HEALTH SCIENCES DEPARTMENT, CENTRO MULTICULTURAL LA FAMILIA, OAKLAND COUNTY HEALTH DEPARTMENT, OAKLAND COUNTY FETAL & INFANT MORTALITY REVIEW TEAM, COMMUNITY NETWORK SERVICES, OAKLAND PRIMARY HEALTH SERVICES, GARY BURNSTEIN COMMUNITY HEALTH CLINIC, HEALTHY PONTIAC WE CAN!, HOPE HOSPITALITY AND WARMING CENTER, AND OTHERS WITHIN THE COMMUNITY SJMO FACILITATED TWO COMMUNITY FORUMS, ONE AT THE PONTIAC PUBLIC LIBRARY ON THURSDAY, MARCH 29TH, 2018 AND THE SECOND ON SATURDAY, APRIL 28TH, 2018 AT WELCOME MISSIONARY BAPTIST CHURCH THE PURPOSE OF PROVIDING THESE FORUMS WAS TO OFFER RESIDENTS AN EDUCATIONAL SETTING TO REVIEW THE PURPOSE AND SCOPE OF A CHNA, REVIEW SURVEY RESULTS, GAIN INPUT ON HEALTH PRIORITIES, AND IDENTIFY UNREALIZED EMERGING HEALTH NEEDS FROM UNDER REPRESENTED MEMBERS OF THE SJMO SERVICE AREA

**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
ST MARY MERCY LIVONIA	<p>PART V, SECTION B, LINE 5 A 25-MEMBER COMMUNITY-BASED COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE LED THE ASSESSMENT PROCESS FROM JUNE 2017 THROUGH JUNE 2018, WITH THE INTENT THAT SOME OF THEM WOULD CONTINUE AS MEMBERS OF THE IMPLEMENTATION WORK GROUP(S) THESE PARTNERS INCLUDED REPRESENTATIVES FROM THE WAYNE COUNTY DEPARTMENT OF HEALTH, VETERANS &amp; COMMUNITY HEALTH, LIVONIA AND SOUTH REDFORD SCHOOL DISTRICTS, WAYNE HOPE CLINIC, MADONNA UNIVERSITY, JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION, PLYMOUTH COMMUNITY UNITED WAY, LEGALHELP FOR VETERANS, FARMINGTON HILLS SPECIAL SERVICES, MADONNA UNIVERSITY, SCHOOLCRAFT COLLEGE, REDFORD INTERFAITH RELIEF (RIR), WESTLAND YOUTH ASSISTANCE, AUTHORITY HEALTH, KIRKSEY LIVONIA RECREATION CENTER, AND SMML REPRESENTATIVES FROM STRATEGIC PLANNING, COMMUNITY HEALTH AND ADMINISTRATION AN ON-LINE AND PAPER SURVEY WAS CREATED IN JULY 2017 TO EVALUATE THE CHANGING HEALTH NEEDS IN THE SMML SERVICE AREA THE SURVEY TOOL WAS BRANDED WITH THE BANNER "MAKING A DIFFERENCE IN THE HEALTH OF OUR COMMUNITY " THE SURVEY WAS COMPOSED OF 38 QUESTIONS ABOUT ACCESS TO CARE, PERSONAL HEALTH BEHAVIORS, PERCEIVED COMMUNITY HEALTH NEEDS, AND PATIENT DEMOGRAPHICS A PAPER OR ON-LINE SURVEY WAS AVAILABLE TO THE PUBLIC FROM SEPTEMBER 7 THROUGH OCTOBER 6, 2017 THE SURVEY WAS PROMOTED AT A VARIETY OF EVENTS, POSTED ON THE HOSPITAL WEBSITE, AND DISTRIBUTED THROUGH EMAIL BLASTS TO CITY OFFICIALS, COMMUNITY LEADERS IN BUSINESSES, SCHOOLS, CHURCHES, AND SMML EMPLOYEES AND PHYSICIANS OF THE 1,174 RESPONSES, 535 (46%) WERE PAPER SURVEYS AND 22% OF THE OVERALL RESPONSES WERE COMPLETED BY VULNERABLE POPULATIONS AT THE REDFORD INTERFAITH RELIEF FOOD PANTRY, PLYMOUTH UNITED WAY, AND WAYNE HOPE CLINIC IN NOVEMBER 2017, SMML AND THEIR PARTNERS ORGANIZED A COMMUNITY FORUM HELD AT THURSTON HIGH SCHOOL IN REDFORD, MICHIGAN TO SHARE THE SURVEY RESULTS, GAIN ADDITIONAL INFORMATION, ENGAGE COMMUNITY MEMBERS IN DISCUSSION ABOUT PROGRAMS FOR ENCOURAGING HEALTHY BEHAVIORS, AND TO IDENTIFY GAPS FOR HEALTHY EATING, PHYSICAL ACTIVITY, ACCESS TO CARE, MENTAL HEALTH, AND SUBSTANCE ABUSE PREVENTION AND TREATMENT THE LOCATION WAS SELECTED TO MAKE THE EVENT ACCESSIBLE INVITATIONS TO THE FORUM WERE SENT TO COMMUNITY LEADERS AND ORGANIZATIONS WITH A FOCUS ON REPRESENTING THOSE WHO ARE UNDERSERVED OR LOW INCOME ALSO, PERSONAL PHONE CALLS WERE MADE AND/OR EMAILS WERE SENT TO INDIVIDUALS WHO PROVIDED THEIR CONTACT INFORMATION ON THE CHNA SURVEY AND INDICATED THAT THEY WERE INTERESTED IN PROVIDING MORE INPUT INTO THE CHNA PROCESS</p>

**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
ST JOSEPH MERCY LIVINGSTON	PART V, SECTION B, LINE 5 FROM JUNE TO SEPTEMBER 2017, SJML CONSULTED OTHER COMMUNITY ORGANIZATIONS IN CONDUCTING THE MOST RECENT CHNA, INCLUDING THE LIVINGSTON COUNTY DEPARTMENT OF HEALTH, COMMUNITY MENTAL HEALTH SERVICES OF LIVINGSTON COUNTY, THE HUMAN SERVICES COLLABORATIVE BODY, AND LIVINGSTON COUNTY CATHOLIC CHARITIES THESE ORGANIZATIONS SERVE MINORITY, UNDERREPRESENTED, AND MEDICALLY UNDERSERVED POPULATIONS IN THE COMMUNITY, INCLUDING BUT NOT LIMITED TO THOSE BELOW THE FEDERAL POVERTY LEVEL, INDIVIDUALS EXPERIENCING HOMELESSNESS, OLDER ADULTS, THOSE EXPERIENCING SUBSTANCE USE DISORDER, AND THOSE EXPERIENCING MENTAL ILLNESS

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

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Form and Line Reference	Explanation
ST JOSEPH MERCY CHELSEA	PART V, SECTION B, LINE 5 IN THE SUMMER OF 2015, SJMC, AS A PART OF THE COLLABORATIVE NEEDS ASSESSMENT PROCESS WITH SJMAA AND MICHIGAN MEDICINE, CONSULTED MANY COMMUNITY ORGANIZATIONS TO TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND MINORITY POPULATIONS THROUGH KEY STAKEHOLDER INTERVIEWS AND COMMUNITY SURVEYS, INCLUDING FOCUS GROUPS OF RURAL OLDER ADULTS, RURAL YOUTH, URBAN OLDER ADULTS, AND URBAN YOUTH, AND KEY STAKEHOLDER INTERVIEWS WITH REPRESENTATIVES FROM WASHTENAW COUNTY COMMUNITY MENTAL HEALTH, WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT, CATHOLIC SOCIAL SERVICES, HAMILTON CROSSING FAMILY EMPOWERMENT PROGRAM, HURON VALLEY AMBULANCE, SALINE AREA PUBLIC SCHOOLS, AND WASHTENAW INTERMEDIATE SCHOOL DISTRICT



**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
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 6A ST JOSEPH MERCY CHELSEA AND MICHIGAN MEDICINE (D/B/A UNIVERSITY OF MICHIGAN HEALTH SYSTEM)

**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 SAINT MARY'S	PART V, SECTION B, LINE 6A METRO HEALTH HOSPITAL (UNIVERSITY OF MICHIGAN HEALTH), SPECTRUM HEALTH, AND MARY FREE BED REHABILITATION HOSPITAL

**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
ST JOSEPH MERCY CHELSEA	PART V, SECTION B, LINE 6A ST JOSEPH MERCY ANN ARBOR AND MICHIGAN MEDICINE (D/B/A UNIVERSITY OF MICHIGAN HEALTH SYSTEM)

**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
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 6B WASHTENAW COUNTY PUBLIC HEALTH

**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 SAINT MARY'S	PART V, SECTION B, LINE 6B KENT COUNTY HEALTH DEPARTMENT AND PINE REST CHRISTIAN MENTAL HEALTH SERVICES

**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
ST JOSEPH MERCY CHELSEA	PART V, SECTION B, LINE 6B WASHTENAW COUNTY PUBLIC HEALTH

**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
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 7D ANNUALLY, SJMAA PRODUCES A COMMUNITY BENEFIT REPORT INCLUDING FINANCIAL INFORMATION AND STORIES ABOUT THE HOSPITAL'S PROGRAMS THE REPORT DESCRIBES THE COMMUNITY HEALTH NEEDS ASSESSMENT, AND SJMAA PLANS TO MAKE IT AVAILABLE TO OUR EMPLOYEES AND COMMUNITY MEMBERS IN KIOSKS THROUGHOUT THE HOSPITAL ADDITIONALLY, AS A UNITE GROUP, SJMAA WILL ASSESS THE MOST FEASIBLE WAY TO INFORM COMMUNITY MEMBERS OF OUR PROGRESS

**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 SAINT MARY'S	PART V, SECTION B, LINE 7D N/A LINE 7A <a href="https://www.mercyhealth.com/about-us/community-benefit/community-health-needs-assessment">HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> LINE 10A <a href="https://www.mercyhealth.com/about-us/community-benefit/community-health-needs-assessment">HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>



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

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

Form and Line Reference	Explanation
ST JOSEPH MERCY OAKLAND	PART V, SECTION B, LINE 7D IN 2018, TRINITY HEALTH COMPLETED THE COMMUNITY HEALTH AND WELL-BEING REPORT - A SUMMARY OF THE PROGRAMS AND INITIATIVES THAT ARE IMPROVING THE LIVES AND POPULATIONS OF PEOPLE THROUGHOUT SOUTHEAST MICHIGAN WITHIN THIS REPORT, THE PRIORITY HEALTH INITIATIVES AND PROGRAMMATIC RESOURCES FOR SJMO WERE IDENTIFIED SJMO ALSO SHARED ITS CHNA WITH THE CITY OF PONTIAC COPIES OF THE CHNA WERE MADE AVAILABLE FOR RETRIEVAL BY REQUEST FROM THE MAYOR'S ADMINISTRATIVE OFFICE TO ACCOMMODATE BROAD COMMUNITY ACCESS WITHIN THE HOSPITAL'S IMMEDIATE SERVICE AREA

**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
ST MARY MERCY LIVONIA	PART V, SECTION B, LINE 7D SMML HAS SHARED WITH ITS IMPLEMENTATION PARTNERS PERIODIC UPDATES ON THE PROGRESS MADE ON PROGRAMS AND SERVICES VIA POWERPOINT PRESENTATIONS AND NARRATIVE REPORTS THESE DOCUMENTS ARE AVAILABLE FOR PARTNERS TO SHARE WITH THEIR CONSTITUENTS SMML AS PART OF SJMHS REPORTED COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE 2017-18 REGIONAL COMMUNITY HEALTH AND WELL-BEING REPORT

**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
ST JOSEPH MERCY CHELSEA	PART V, SECTION B, LINE 7D ANNUALLY, SJMC PRODUCES A COMMUNITY BENEFIT REPORT INCLUDING FINANCIAL INFORMATION AND STORIES ABOUT THE HOSPITAL'S PROGRAMS THE REPORT DESCRIBES THE COMMUNITY HEALTH NEEDS ASSESSMENT, AND SJMC PLANS TO MAKE IT AVAILABLE TO OUR EMPLOYEES AND COMMUNITY MEMBERS IN KIOSKS THROUGHOUT THE HOSPITAL ADDITIONALLY, AS A UNITE GROUP, SJMC WILL ASSESS THE MOST FEASIBLE WAY TO INFORM COMMUNITY MEMBERS OF OUR PROGRESS

**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
ST JOSEPH MERCY ANN ARBOR	<p>PART V, SECTION B, LINE 11 AS A PART OF THE COLLABORATIVE NEEDS ASSESSMENT PROCESS WITH S JMC AND UNIVERSITY OF MICHIGAN HEALTH SYSTEM, COMMUNITY HEALTH NEEDS PRIORITIZED ARE OBESITY, BEHAVIORAL HEALTH, AND PRECONCEPTUAL/PERINATAL HEALTH THE HOSPITAL'S IMPLEMENTATION STRATEGY OUTLINES THE FOLLOWING EFFORTS FOR EACH SIGNIFICANT HEALTH NEED OBESITY - IN FY18, SJMAA WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING RISING OBESITY RATES IN OUR COMMUNITY SJMAA SUPPORTS THE COMMUNITY THROUGH - EFFORTS SEEKING TO INCREASE ACCESS TO NUTRITIOUS FOODS THROUGH THE AVAILABILITY OF AFFORDABLE, LOCALLY SOURCED OPTIONS, COUPLED WITH NUTRITION EDUCATION, TO ENCOURAGE LONG-TERM BEHAVIOR CHANGE, INCLUDING EXPANSION OF SUBSIDIZED CSA PROGRAMMING AT THE FARM AT ST JOE'S AND FUNDING SUPPORT FOR DOUBLE UP FOOD BUCKS EXPANSION INTO GROCERY STORES, AND- ENGAGEMENT OF SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND FOOD INSECURITY THROUGH A PUBLIC-PRIVATE FUNDING PARTNERSHIP THAT ENCOURAGES ALIGNMENT AND REDUCTION OF DUPLICATION ACROSS COMMUNITY-LEVEL OUTCOMES AROUND NUTRITION AND HUNGER RELIEF THROUGH COORDINATED FUNDING PROGRAM OPERATIONS INVESTMENTS MENTAL HEALTH &amp; SUBSTANCE USE - IN FY18, SJMAA WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING BEHAVIORAL HEALTH IN OUR COMMUNITY BY - CONTRIBUTING TOWARD IMPROVING ACCESS TO AND INTEGRATION OF BEHAVIORAL HEALTH SERVICES ACROSS THE LIFESPAN, SUBSTANCE USE DISORDER TREATMENT, AND SUPPORT FOR PATIENT COMPLIANCE,- ADDRESSING ACCESS TO CARE BARRIERS FOR THOSE MOST VULNERABLE IN THE COMMUNITY WE SERVE, INCLUDING EXPANDING SERVICES THROUGH OUR TRANSITION CLINIC AND ENHANCED SUPPORT THROUGH OUR GREENBROOK RECOVERY CENTER FOR THOSE EXPERIENCING CRISIS IN THE EMERGENCY DEPARTMENT AND INPATIENT,- PROVIDING EDUCATION AND SUPPORT FOR PRIMARY CARE PROVIDERS TO ADDRESS BEHAVIORAL HEALTH NEEDS UTILIZING BEST PRACTICE FRAMEWORKS, INCLUDING DIDACTIC SESSIONS FOR RESIDENTS ACROSS MULTIPLE SPECIALTIES LED BY THOSE IN LONG-TERM RECOVERY, AND- ENGAGING SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND MENTAL HEALTH AND SUBSTANCE USE DISORDER THROUGH A PUBLIC-PRIVATE FUNDING PARTNERSHIP THAT ENCOURAGES ALIGNMENT AND REDUCTION OF DUPLICATION ACROSS COMMUNITY-LEVEL OUTCOMES AROUND BEHAVIORAL HEALTH SERVICES THROUGH COORDINATED FUNDING PROGRAM OPERATIONS INVESTMENTS PRECONCEPTUAL/PERINATAL HEALTH - IN FY18, SJMAA WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING PRECONCEPTUAL/PERINATAL HEALTH IN OUR COMMUNITY BY - PROVIDING INNOVATIVE STRATEGIES TO ENSURE LOW-INCOME PREGNANT WOMEN IN THE COMMUNITY RECEIVE PERINATAL CARE IN A SUPPORTIVE ENVIRONMENT (IE CENTERING PREGNANCY),- SUPPORTING WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE PROCESS OF ACHIEVING BABY-FRIENDLY DESIGNATION (EXPECTED 2018), AND- OFFERING WOMEN AND THEIR PARTNERS OPPORTUNITIES TO BE PREPARED TO ENTER INTO PARENTHOOD THROUGH OFFERIN</p>

**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
ST JOSEPH MERCY ANN ARBOR	G BIRTH, BREASTFEEDING, AND PARENTING PREPARATORY COURSES

**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 SAINT MARY'S	<p>PART V, SECTION B, LINE 11 IN FISCAL YEAR 2018, MHSM DIRECTLY ADDRESSED THE FOUR SIGNIFICANT HEALTH NEEDS AS IDENTIFIED BELOW MENTAL HEALTH - AT THE COMMUNITY HEALTH CENTERS, AN SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT) SCREENING IS CONDUCTED FOR EVERY PATIENT TO ASSESS BEHAVIORAL HEALTH CONCERNS IN FISCAL YEAR 2018 APPROXIMATELY 1,650 SBIRT SCREENINGS WERE COMPLETED ADDITIONALLY, DEPRESSION SCREENINGS ARE CONDUCTED AT EACH PRIMARY CARE VISIT USING THE PHQ-2/9 TOOLS FOR ALL PATIENTS 12 YEARS OF AGE AND OLDER IN FISCAL YEAR 2018, APPROXIMATELY 283,000 DEPRESSION SCREENINGS AND 2,100 POST-PARTUM DEPRESSION SCREENINGS WERE CONDUCTED ELIGIBLE PATIENTS ARE THEN ENROLLED IN MHSM'S PHARMACEUTICAL ACCESS PROGRAM TO ENSURE POVERTY IS NOT A BARRIER FOR PATIENTS TO SEEK MENTAL HEALTH MEDICATIONS LASTLY, THE COMPLEX CARE TEAM HAS EXPANDED TO INCLUDE PATIENTS WITH COMPLEX MEDICAL AND PSYCHO/SOCIAL BEHAVIOR CHALLENGES, THOSE UNENGAGED WITH CARE MANAGEMENT OR A MEDICAL HOME, WHO HAVE FREQUENT EMERGENCY DEPARTMENT UTILIZATION, AND WHO HAVE SIGNIFICANT SAFETY ISSUES, INCLUDING THOSE AT RISK FOR SUICIDE OR WHO PORTRAY VIOLENT, THREATENING BEHAVIOR THE COMPLEX CARE TEAM DEVELOPS AN INDIVIDUALIZED "CARE MAP" TO ASSESS THE NEEDS OF THE HIGH-RISK PATIENT, TRACK TREATMENT PROGRESS, AND COMMUNICATE OUTCOMES TO ALL PROVIDERS INVOLVED IN THE PATIENT'S CARE THE COMPLEX CARE TEAM SERVED NEARLY 400 PATIENTS IN FISCAL YEAR 2018 OBESITY AND POOR NUTRITION - A BODY MASS INDEX (BMI) MEASUREMENT IS CALCULATED FOR EACH PATIENT ON AN ANNUAL BASIS IF THE BMI INDICATES THE PATIENT IS OVERWEIGHT OR OBESE, EDUCATION IS PROVIDED AND/OR A REFERRAL TO APPROPRIATE TREATMENT IS INITIATED IN FISCAL YEAR 2018, APPROXIMATELY 110,000 PATIENTS WITH A BMI GREATER THAN 25 RECEIVED EDUCATION AND/OR WERE REFERRED FOR ADDITIONAL TREATMENT APPROPRIATE TREATMENT CAN INCLUDE EDUCATION, A REFERRAL FOR BARIATRIC SURGERY, OR NUTRITIONAL COUNSELING NEARLY 200 PATIENTS ATTENDED ONE OF THE 23 EDUCATIONAL SEMINARS ON BARIATRIC SURGERY, AND NEARLY 540 BARIATRIC SURGERIES WERE PERFORMED CHILDREN WHO STRUGGLE WITH OBESITY ARE REFERRED TO FITKIDS360, A COMMUNITY PROGRAM THAT SPECIALIZES IN FIGHTING CHILDHOOD OBESITY AT THE HELEN DEVOS CHILDREN'S HOSPITAL, AND ANY CHILD UNDER THE AGE OF 5 IS REFERRED TO THE WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM FOR NUTRITION COUNSELING IN ADDITION, APPROXIMATELY 2,600 PREGNANT WOMEN WERE REFERRED TO THE MATERNAL INFANT HEALTH PROGRAM (MIHP), WHICH PROVIDES BREASTFEEDING EDUCATION, CHILD NUTRITION, AND WEIGHT MANAGEMENT MHSM HOSTED 97 BREASTFEEDING SUPPORT GROUPS AND SERVED JUST UNDER 2,000 MOTHERS AND BABIES SUBSTANCE USE - IN ADDITION TO THE SBIRT TREATMENT AND THE BEHAVIORAL HEALTH COUNSELORS AT SEVERAL OF THE COMMUNITY HEALTH CENTERS, HEARTSIDE HEALTH CENTER CONTINUES A NON-NARCOTIC PAIN PROGRAM WHICH FOCUSES ON PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PAIN PSYCHOLOGY AND CASE MANAGEMENT THIS PROGRAM IS AN ALTERNATIVE PROGRAM FOR PATIENTS</p>

**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 SAINT MARY'S	<p>ENTS WITH CHRONIC PAIN AND WHO ARE ADDICTED OR AT RISK FOR ADDICTION TO NARCOTIC PAIN MEDICATION IN FISCAL YEAR 2018, APPROXIMATELY 430 PATIENTS WERE REFERRED TO THE HEARTSIDE HEALTH CENTER PAIN CLINIC 5,073 PATIENTS 18 YEARS OF AGE AND OLDER RESPONDED POSITIVELY TO TOBACCO USE AND WERE PROVIDED WITH EDUCATION, REFERRAL TO APPROPRIATE TREATMENT, OR CONNECTION TO CESSATION RESOURCES SAFETY AND VIOLENCE - SAFETY AND VIOLENCE WAS A NEED IDENTIFIED IN THE PRIOR CHNA AND CONTINUED TO BE ADDRESSED IN FY18 TO ADDRESS YOUTH SUICIDE IDEATION, NEARLY 15,000 PATIENTS AGED 12-24 YEARS WERE SCREENED FOR DEPRESSION, BEHAVIORAL HEALTH CONCERNS, SUBSTANCE USE, AND SUICIDE IDEATION CLINICA SANTA MARIA, A COMMUNITY HEALTH CENTER OWNED BY MHSM, PROVIDED PRIMARY CARE FOR 48 CHILDREN WHO WERE ABANDONED OR SEPARATED FROM THEIR PARENTS WHILE IMMIGRATING TO THE U S FROM MEXICO MHSM HAS BUILT A STRONG RELATIONSHIP WITH THE KENT COUNTY HEALTH DEPARTMENT, WHO WILL RECEIVE AND RESETTLE SEVERAL HUNDRED REFUGEE FAMILIES EACH YEAR, FOR 65 OF WHOM MHSM PROVIDED MEDICAL TREATMENT AND BECAME THEIR PRIMARY CARE PROVIDER AS THEY SEEK SAFETY FROM VIOLENCE IN THEIR HOME COUNTRY DUE TO FY18 BEING A TRANSITION YEAR FOR MHSM, DIABETES, WHICH WAS IDENTIFIED AS A SIGNIFICANT HEALTH NEED IN THE MOST RECENT CHNA, WAS NOT ADDRESSED IN FY18 INSTEAD, THE HOSPITAL CONTINUED TO ADDRESS SAFETY AND VIOLENCE, WHICH WAS IDENTIFIED AS A SIGNIFICANT HEALTH NEED IN THE PREVIOUS CHNA DIABETES, ALONG WITH THE OTHER MOST RECENTLY IDENTIFIED CHNA NEEDS, WILL BE ADDRESSED IN FISCAL YEARS 2019-2021</p>

**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
ST JOSEPH MERCY OAKLAND	<p>PART V, SECTION B, LINE 11 BEHAVIOR HEALTH - IN FY18, SJMO WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING BEHAVIORAL HEALTH IN ITS COMMUNITY THE HOSPITAL ORGANIZED A COMMUNITY SUICIDE PREVENTION EDUCATION SESSION AND FORUM, AND CREATED A MONTHLY SUPPORT GROUP FOR FAMILIES OF THOSE DIAGNOSED WITH A MENTAL ILLNESS SJMO IS A FOUNDING PARTNER IN THE HOPE RECUPERATIVE CENTER WHICH PROVIDES A SAFE PLACE FOR HEALING AND RECOVERY FOR HOMELESS PERSONS RECENTLY DISCHARGED FROM THE HOSPITAL SJMO CONTINUED TO CONTRIBUTE TOWARD IMPROVING ACCESS TO SUBSTANCE ABUSE TREATMENT AND SUPPORT FOR PATIENT COMPLIANCE A NEWLY LAUNCHED PARTNERSHIP WITH THE LOCAL TIMEBANK IS ALSO AN INITIATIVE WHICH THE HOSPITAL ANTICIPATES WILL HELP TO ADDRESS ISSUES OF ISOLATION AND LONELINESS IN OUR COMMUNITY, ESPECIALLY AMONG THE ELDERLY SJMO WILL ADDRESS ACCESS TO CARE BARRIERS AND PROVIDE EDUCATION AND SUPPORT FOR PRIMARY CARE PROVIDERS TO ADDRESS BEHAVIORAL HEALTH NEEDS OBESITY - SJMO IMPROVED THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES TO ADDRESS RISING OBESITY RATES IN ITS COMMUNITY IN FY18, SJMO SUPPORTED AREA SCHOOLS WITH EDUCATION AND PREVENTION STRATEGIES, SUCH AS A "BOOT CAMP" FOR MIDDLE SCHOOL GIRLS AND SUMMER CAMP CAMPSHIPS FOR HIGH-RISK CHILDREN IDENTIFIED BY THE SCHOOL DISTRICT ADDITIONALLY, ALL PONTIAC PUBLIC SCHOOL TEACHERS WERE PROVIDED A FREE MEMBERSHIP TO THE HOSPITAL'S WELLNESS CENTER, AND OVER 600 AREA SENIORS PARTICIPATED IN "SENIOR FIT" FREE EXERCISE CLASSES AT 11 LOCATIONS AROUND THE COMMUNITY WE SEEK TO INCREASE COMMUNITY ACCESS TO NUTRITIOUS FOODS, OPPORTUNITIES FOR PHYSICAL ACTIVITY, AND EDUCATION ON HEALTHY LIVING IN VARIOUS COMMUNITY VENUES AS A CERTIFIED "BABY FRIENDLY" HOSPITAL, SJMO PROVIDED EDUCATION, SUPPORT AND ENCOURAGEMENT TO MOTHERS WHO CHOSE TO BREASTFEED THEIR BABIES HEART DISEASE - SJMO WAS DESIGNATED AS THE FIRST THROMBECTOMY CAPABLE SITE IN THE NATION SJMO IS ALSO THE FIRST ACCREDITED THROMBECTOMY CERTIFIED HOSPITAL IN THE UNITED STATES THIS RESOURCE ALLOWED PHYSICIANS IN FY18 TO REMOVE BLOOD CLOTS WITHIN THE BRAIN THROUGH A MINIMALLY INVASIVE PROCEDURE ALL DIAGNOSTIC TESTS AND CONSULTS SUCH AS PHYSICAL THERAPY, SPEECH PATHOLOGY AND REHABILITATION SERVICES WERE DONE IN AN EFFECTIVE AND TIMELY MANNER HEART DISEASE WILL ALSO BE ADDRESSED INDIRECTLY THROUGH THE STRATEGIES FOR OBESITY ACCESS TO MATERNAL EDUCATION RESOURCES - IN FY18, SJMO WORKED TO IMPROVE COORDINATION AND ACCESS TO EXISTING COMMUNITY RESOURCES TO HELP ADDRESS MATERNAL HEALTH ACCESS IN ITS SERVICE AREA BY - PROVIDING INNOVATIVE STRATEGIES TO ENSURE LOW-INCOME PREGNANT WOMEN IN THE COMMUNITY RECEIVE PRE NATAL CARE IN A SUPPORTIVE ENVIRONMENT (IE CENTERING PREGNANCY),- SUPPORTING WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE PROCESS OF ACHIEVING BABY-FRIENDLY DESIGNATION, - OFFERING WOMEN AND THEIR PARTNERS THE OPPORTUNITY TO PREPARE FOR PARENTHOOD BY OFFERING BIRTH , BREASTFEEDING, AND PARENTING</p>



**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

ST JOSEPH MERCY OAKLAND

COURSES, AND- ASSISTING PATIENTS, NEW MOTHERS AND COMMUNITY MEMBERS IN GETTING TO MEDICAL APPOINTMENTS AND OTHER NEEDED SERVICES IN THE SJMO SERVICE AREA, WHICH SUFFERS FROM SEVERELY INADEQUATE MASS TRANSIT, THROUGH A KEY PARTNERSHIP WITH "FREEDOM ROAD"

**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
ST MARY MERCY LIVONIA	<p>PART V, SECTION B, LINE 11 SMML FOCUSED ON DEVELOPING AND/OR SUPPORTING INITIATIVES AND MEASURING THEIR EFFECTIVENESS TO IMPROVE THE FOLLOWING HEALTH NEEDS OBESITY (HEALTHY EATING/NUTRITION AND PHYSICAL ACTIVITY) - IN PARTNERSHIP WITH MEIJER (LOCAL RETAILER), MADONNA UNIVERSITY DIETETICS PROGRAM, AND SOUTH REDFORD SCHOOLS, ACTIVITIES ENCOURAGING INCREASED FRUIT AND VEGETABLE INTAKE WERE CONTINUED DURING THE 2017-18 SCHOOL YEAR AT A TARGETED SCHOOL, WITH THE GOAL OF REDUCING OBESITY THROUGH IMPROVED EATING HABITS THE ACTIVITIES INCLUDED THREE ALL SCHOOL TASTE DAYS AND CLASSROOM PRESENTATIONS AS PART OF THE HEALTHY LIVONIA INITIATIVE, IN CONJUNCTION WITH THE LIVONIA PUBLIC SCHOOLS (LPS) AND THE KIRKSEY LIVONIA RECREATION CENTER, 29 FAMILIES WERE PROVIDED FREE MEMBERSHIPS TO THE RECREATION CENTER FOR THE 2017-18 SCHOOL YEAR TO INCREASE ACCESS TO PHYSICAL ACTIVITIES ACCESS TO CARE - SMML CONTINUED TO PROVIDE LAB SERVICES FOR WAYNE HOPE CLINIC THESE COMMUNITY MEMBERS WOULD NOT HAVE RECEIVED DIAGNOSTIC SERVICES HAD THE PROGRAM NOT BEEN AVAILABLE ADDITIONALLY, FUNDING FOR HEALTH &amp; WELLNESS NAVIGATION TO REDUCE CHRONIC DISEASE BURDEN RELATED TO OBESITY (HWNRCDC) AT JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION (JSCDC) WAS PROVIDED AND RESULTED IN AN INCREASE IN THE UTILIZATION OF PREVENTION AND EDUCATION SERVICES RELATED TO CHRONIC DISEASES SUPPORT FROM HWNRCDC ENHANCED ACCESS TO JSCDC'S WELLNESS SERVICES BY COVENANT PATIENTS SMML CONTINUED THE SPECIALIST CARE PROGRAM, WHICH PROVIDES FUNDING FOR FREE FOLLOW-UP CARE FOR UNINSURED PATIENTS WHO PRESENT IN THE ER AND REQUIRE ADDITIONAL CARE, BUT CANNOT AFFORD IT ADDITIONAL FUNDING SUPPORT FOR A DIABETES EDUCATION PROGRAM, HORIZON, WAS PROVIDED TO WAYNE HOPE CLINIC IN COLLABORATION WITH COVENANT COMMUNITY CARE, A FINANCIAL AND IN-KIND INVESTMENT CONTINUED FOR THE DEVELOPMENT OF A FEDERALLY QUALIFIED HEALTH CLINIC IN WESTLAND THE CLINIC IS ESTIMATED TO OPEN IN LATE 2018 SMML ALSO COLLABORATED WITH COVENANT COMMUNITY CARE, JOY SOUTH COMMUNITY DEVELOPMENT CORPORATION, AND HOLY CROSS SERVICES TO DEVELOP A HEALTHY VILLAGE COMMUNITY IN THE CODY/ROUGE NEIGHBORHOOD IN DETROIT A COMMUNITY BENEFIT GRANT WAS PROVIDED TO SUPPORT THE PROJECT, WHICH IS ANTICIPATED TO OPEN IN SEPTEMBER 2019 MENTAL HEALTH/SUBSTANCE ABUSE - SMML SUPPORTED A LOCAL PERFORMANCE OF "EVERY BRILLIANT THING", WHICH INCLUDED A PANEL OF EXPERTS ON MENTAL HEALTH FOR OPENING NIGHT, AS WELL AS AN ADDITIONAL EVENT AT SMML TO ENCOURAGE THE CONVERSATION ON SUICIDE PREVENTION AND TREATMENT ATTENDANCE FOR OPENING NIGHT WAS OVER 100 PEOPLE WHILE THE SMML PROGRAM HAD 72 PARTICIPANTS FEEDBACK INDICATED THIS OPPORTUNITY ADDED OVERWHELMING VALUE TO THE ATTENDEES LET'S CONTINUE THE CONVERSATION FORUM FOR SCHOOL PERSONNEL TO ADDRESS PREVENTION AND RESILIENCE AND EXPAND ACCESS TO TOOLS AND BEST PRACTICES WAS CONTINUED, WITH THREE FORUMS OFFERED DURING FISCAL YEAR 2018 THE FORUMS ADDRESSED THE IDENTIFIED NEED TO REDUCE TEEN SUICIDE AND PAR</p>

**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
ST MARY MERCY LIVONIA	<p>TNERED WITH SOUTH REDFORD SCHOOLS, OAKLAND SCHOOLS, WAYNE RESA, REDFORD COMMISSION ON YOUTH AND FAMILIES, GROWTH WORKS, AND DETROIT WAYNE MENTAL HEALTH AUTHORITY ADDITIONALLY, SPN (SUICIDE PREVENTION NETWORK) SURVIVORS, AMERICAN FOUNDATION FOR SUICIDE PREVENTION, AND LIVONIA PUBLIC SCHOOLS WERE ADDED TO THE PLANNING TEAM SCHOOLS/DISTRICTS ARE SHARING PROGRESS MADE AND BEST PRACTICES IN COLLABORATION WITH GROWTH WORKS, INC AND LIVONIA SAVE OUR YOUTH (LSOY), AN ADDICTION FORUM WAS CONTINUED WITH THE INTENT TO REDUCE THE STIGMA, INCREASE THE DIALOGUE AROUND SUBSTANCE ABUSE, AND ENCOURAGE TREATMENT THE HOSPITAL ADDRESSED TRANSITIONS OF CARE BY COLLABORATING WITH GROWTH WORKS, INC TO DEVELOP A NEW PEER RECOVERY PROGRAM TO ADDRESS OPIOID ADDICTION THE PROGRAM IS CURRENTLY BEING INITIATED AND IMPACT WILL BE EVALUATED ONCE THE DATA IS AVAILABLE THE HOSPITAL IS COLLABORATING WITH GROWTH WORKS, INC TO OBTAIN FUNDING APPROPRIATIONS FROM THE STATE OF MICHIGAN THROUGH THE CONFERENCE OF WESTERN WAYNE (CWW), WHICH WILL SUPPORT ADDITIONAL EFFORTS PLANNED TO ADDRESS OPIOID ISSUES SMML ACKNOWLEDGES THE WIDE RANGE OF HEALTH NEEDS IN OUR COMMUNITY AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE SMML WILL NOT TAKE ANY NEW OR ADDITIONAL ACTIONS ON THE FOLLOWING NON-PRIORITIZED HEALTH NEEDS - TRANSPORTATION - TRANSPORTATION IS ADDRESSED WITHIN ACCESS TO CARE STRATEGIES AS APPROPRIATE, AND SMML CONTINUES TO PROVIDE SUPPORT TO THOSE IN NEED OF TRANSPORTATION TO MEDICAL APPOINTMENTS - CANCER - CANCER CARE IS ADDRESSED IN THE STRATEGIES FOR ACCESS TO CARE AND IN THE HOSPITAL'S COMMUNITY BENEFIT PROGRAMS FOR EDUCATIONAL SEMINARS, PREVENTION SCREENINGS, AND SUPPORT GROUPS ADDITIONALLY, HEALTHY LIFESTYLES ARE ALSO PROMOTED AS PART OF PREVENTION PROGRAMMING - HEART DISEASE - HEART DISEASE WILL BE ADDRESSED IN THE STRATEGIES FOR NUTRITION AND PHYSICAL ACTIVITIES - SENIOR SERVICES - SENIOR CARE IS ADDRESSED THROUGH COLLABORATIVE RELATIONSHIPS WITH SENIOR SERVICE AGENCIES AND ALIGNS WITH THE ESSENTIAL ELEMENTS OF THE SJMHS SENIOR SERVICES STRATEGIC PLAN TO INCREASE AVAILABILITY OF RESOURCES, EDUCATION, AND CAREGIVER SUPPORT - DIABETES - SMML WILL CONTINUE TO OFFER ITS AMERICAN DIABETES ASSOCIATION RECOGNIZED OUTPATIENT DIABETES EDUCATION PROGRAM, A SUPPORT GROUP AND DIABETES PATH MANY OF THE STRATEGIES TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION WILL ALSO IMPROVE THE QUALITY OF LIFE FOR PATIENTS WITH DIABETES</p>

**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
ST JOSEPH MERCY LIVINGSTON	PART V, SECTION B, LINE 11 THE THREE SIGNIFICANT COMMUNITY HEALTH NEEDS PRIORITIZED BY SJML ARE OBESITY AND CARDIOVASCULAR DISEASE, BEHAVIORAL HEALTH, AND ACCESS TO CARE IN FY18, SJML ADDRESSED THE FOLLOWING OBESITY AND CARDIOVASCULAR DISEASE - IN FY18, SJML PROMOTED HEALTHY WEIGHT AND REDUCING CHRONIC DISEASE RISK, INCIDENCE, AND PREVALENCE AMONG YOUTH AND ADULTS THROUGH PRESCRIPTION FOR HEALTH EXPANSION SJML IMPROVED THE FOOD SYSTEMS INFRASTRUCTURE IN THE COMMUNITY THROUGH COLLABORATION TO INCREASE EQUITABLE ACCESS TO HEALTHY FOOD BY FUNDING DOUBLE UP FOOD BUCKS EXPANSION INTO GROCERY STORES, AND BY PROVIDING EDUCATION AND SUPPORT FOR PRIMARY CARE PROVIDERS TO ADDRESS FOOD INSECURITY AND NUTRITION NEEDS UTILIZING BEST PRACTICE FRAMEWORKS, INCLUDING DIDACTIC SESSIONS FOR FAMILY MEDICINE RESIDENTS AROUND THE SOCIAL DETERMINANTS OF HEALTH, UTILIZING FOOD INSECURITY AS THE DISCUSSION LENS BEHAVIORAL HEALTH - IN FY18, SJML IMPROVED MENTAL HEALTH THROUGH PREVENTION AND BY ENSURING ACCESS TO APPROPRIATE QUALITY MENTAL HEALTH SERVICES AND SUPPORTS, AND BY SUPPORTING INCREASED EFFICIENCIES IN REFERRALS TO SUPPORT PROGRAMMING, INCLUDING STEPPING STONE ENGAGEMENT CENTER ACCESS TO CARE - THIS HEALTH NEED WAS NOT ADDRESSED IN FY18 BY SJML SINCE IT WAS A NEW COMMUNITY NEED IDENTIFIED IN THE 06/30/18 APPROVED CHNA, IT WILL BE ADDRESSED IN FY19

**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
ST JOSEPH MERCY CHELSEA	<p>PART V, SECTION B, LINE 11 AS A PART OF THE COLLABORATIVE NEEDS ASSESSMENT PROCESS WITH SJMAA AND UNIVERSITY OF MICHIGAN HEALTH SYSTEM, COMMUNITY HEALTH NEEDS PRIORITIZED ARE OBESITY, MENTAL HEALTH AND SUBSTANCE USE, AND PRECONCEPTUAL/PERINATAL HEALTH SJMC ADDRESSED THE FOLLOWING NEEDS IN FY18 OBESITY - IN FY18, SJMC WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING OBESITY-RELATED ILLNESSES, AND THEIR ROOT CAUSES, IN OUR COMMUNITY SJMC SUPPORTS THE COMMUNITY THROUGH - EFFORTS SEEKING TO INCREASE ACCESS TO NUTRITIOUS FOODS THROUGH THE AVAILABILITY OF AFFORDABLE, LOCALLY SOURCED OPTIONS, COUPLED WITH NUTRITION EDUCATION AND SYSTEMS CHANGE TO ENCOURAGE LONG-TERM BEHAVIOR CHANGE, - OPPORTUNITIES FOR PHYSICAL ACTIVITY THROUGH SUPPORTING POLICY AND ENVIRONMENTAL CHANGE BUILT AROUND ENVIRONMENT STRATEGIES, - THE EVIDENCE-BASED DIABETES PREVENTION PROGRAM FOR ADULTS AT RISK OF DEVELOPING DIABETES, AND-ENGAGEMENT OF SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND FOOD INSECURITY THROUGH A PUBLIC-PRIVATE FUNDING PARTNERSHIP THAT ENCOURAGES ALIGNMENT AND REDUCTION OF DUPLICATION ACROSS COMMUNITY-LEVEL OUTCOMES AROUND NUTRITION AND HUNGER RELIEF MENTAL HEALTH AND SUBSTANCE USE DISORDER - IN FY18, SJMC WORKED TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING BEHAVIORAL HEALTH IN OUR COMMUNITY BY - CONTRIBUTING TOWARD IMPROVING ACCESS TO AND INTEGRATION OF BEHAVIORAL HEALTH SERVICES ACROSS THE LIFESPAN, SUBSTANCE USE DISORDER TREATMENT, AND SUPPORT FOR PATIENT COMPLIANCE,- ADDRESSING ACCESS TO CARE BARRIERS FOR THOSE MOST VULNERABLE IN THE COMMUNITY WE SERVE,- PROVIDING EDUCATION AND SUPPORT FOR PRIMARY CARE PROVIDERS TO ADDRESS BEHAVIORAL HEALTH NEEDS UTILIZING BEST PRACTICE FRAMEWORKS, - PARTNERING WITH SCHOOLS TO EXPAND COUNSELING RESOURCES FOR YOUTH AT RISK OF DEVELOPING SUBSTANCE USE DISORDER, - COORDINATING COMMUNITY COALITIONS TO PREVENT YOUTH SUBSTANCE ABUSE, AND-ENGAGING SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND MENTAL HEALTH AND SUBSTANCE USE DISORDER THROUGH A PUBLIC-PRIVATE FUNDING PARTNERSHIP THAT ENCOURAGES ALIGNMENT AND REDUCTION OF DUPLICATION ACROSS COMMUNITY-LEVEL OUTCOMES AROUND BEHAVIORAL HEALTH SERVICES PRECONCEPTUAL/PERINATAL HEALTH - THIS HEALTH NEED WAS NOT ADDRESSED BY SJMC BECAUSE THIS HOSPITAL DOES NOT PROVIDE ANY PRECONCEPTUAL OR PERINATAL HEALTH CARE SERVICES OTHER HOSPITALS IN THE REGION, INCLUDING SJMAA, PROVIDE THIS CARE FOR PATIENTS LIVING IN THE SJMC PRIMARY SERVICE AREA</p>

**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
ST JOSEPH MERCY ANN ARBOR	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
MERCY HEALTH SAINT MARY'S	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

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Form and Line Reference	Explanation
ST JOSEPH MERCY OAKLAND	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



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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 20E OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS

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

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Form and Line Reference	Explanation
ST JOSEPH MERCY LIVINGSTON	PART V, SECTION B, LINE 20E OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS

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Form and Line Reference	Explanation
ST JOSEPH MERCY ANN ARBOR - 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
MERCY HEALTH SAINT MARY'S - 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



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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
ST JOSEPH MERCY CHELSEA - 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 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)
<b>1</b> 1 - (ANN ARBOR) ST JOS MERCY BRIGHTON 7575 GRAND RIVER RD BRIGHTON, MI 48114	LAB, IMAGING, THERAPY, AMBULATORY SURG , EMPLOYED PHYS, ONCOLOGY, 24 HR EMER
<b>1</b> 2 - (AA) REICHERT HEALTH CENTER 5333 MCAULEY DR YPSILANTI, MI 48197	LAB, IMAGING, AMBULATORY SURG , EMPLOYED PHYSICIANS
<b>2</b> 3 - (AA) ST JOSEPH MERCY CANTON HEALTH 1600 CANTON CENTER RD CANTON, MI 48188	LAB, IMAGING, THERAPY, ONCOLOGY, AMBULATORY SURGERY, URGENT CARE
<b>3</b> 4 - (AA) MICHIGAN HEART & VASCULAR INST 5325 ELLIOTT DR YPSILANTI, MI 48197	CARDIOVASCULAR CARE
<b>4</b> 5 - (AA) MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197	ORTHOPEDIC CARE
<b>5</b> 6 - (AA) CHELSEA PROFESSIONAL OFFICE BLDG 14650 OLD US 12 CHELSEA, MI 48118	PHARMACY, ONCOLOGY, EMPLOYED PHYSICIANS
<b>6</b> 7 - (AA) ELLEN THOMPSON WOMEN'S CENTER 5320 ELLIOTT DR YPSILANTI, MI 48197	WOMEN'S HEALTH
<b>7</b> 8 - (AA) MARIAN PROFESSIONAL BUILDING 14555 LEVAN RD LIVONIA, MI 48154	RADIATION ONCOLOGY, REHAB, MRI, EMPLOYED PHYSICIANS
<b>8</b> 9 - (AA) CHELSEA HEALTH & WELLNESS CTR 20800 OLD US 12 CHELSEA, MI 48118	REHAB
<b>9</b> 10 - (AA) SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197	SLEEP CLINIC
<b>10</b> 11 - (AA) ST JOS MERCY CHEMICAL DEPENDENT 2008 HOGBACK RD ANN ARBOR, MI 48105	BEHAVIORAL MEDICINE
<b>11</b> 12 - (AA) HAAB HEALTH BUILDING 111 N HURON ST YPSILANTI, MI 48197	EMPLOYED PHYSICIANS
<b>12</b> 13 - (AA) CENTER FOR DIGESTIVE CARE 5300 ELLIOTT DR YPSILANTI, MI 48197	DIGESTIVE CARE
<b>13</b> 14 - (AA) BROOKLYN FAMILY PRACTICE 107 CHICAGO BLVD BROOKLYN, MI 49230	FAMILY PRACTICE
<b>14</b> 15 - (AA) COUNTRY CREEK VILLAGE SHOPPING 7025 E MICHIGAN AVENUE SUITE C SALINE, MI 48176	LAB, URGENT CARE, IMAGING

**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)
<b>16</b> 16 - (AA) ST JOSEPH MERCY BEHAVIORAL SVCS 2200 CANTON CENTER RD CANTON, MI 48188	BEHAVIORAL MEDICINE
<b>1</b> 17 - (AA) FAMILY MEDICINE OF STOCKBRIDGE 4525 S M-52 STOCKBRIDGE, MI 49285	EMPLOYED PHYSICIANS
<b>2</b> 18 - (AA) ST JOSEPH MERCY ARBOR HEALTH 990 W ANN ARBOR TRAIL PLYMOUTH, MI 48170	LAB
<b>3</b> 19 - (AA) PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104	LAB
<b>4</b> 20 - (AA) HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197	BEHAVIORAL MEDICINE
<b>5</b> 21 - (AA) HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103	LAB
<b>6</b> 22 - (AA) GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114	LAB
<b>7</b> 23 - (AA) DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLERVILLE, MI 48836	LAB, IMAGING
<b>8</b> 24 - (AA) SAMARITAN CENTER 5555 CONNER DETROIT, MI 48213	INDIGENT CARE
<b>9</b> 25 - (AA) ARBOR SCIO PROFESSIONAL BLDG 6360 JACKSON RD ANN ARBOR, MI 48103	LAB
<b>10</b> 26 - (AA) ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197	LAB
<b>11</b> 27 - (AA) CHERRY HILL LAB 49650 CHERRY HILL RD CANTON, MI 48187	LAB
<b>12</b> 28 - (AA) TOWSLEY HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197	NURSING HOME, EMPLOYED PHYS
<b>13</b> 29 - (OTHER) FRANCES WARDE MEDICAL LAB 300 W TEXTILE RD ANN ARBOR, MI 48104	LAB
<b>14</b> 30 - (GRAND RAPIDS) WEGE BUILDING 300 LAFAYETTE GRAND RAPIDS, MI 49503	LAB, FAMILY PRACTICE, INTERNAL MEDICINE PRACTICE

**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)
<b>31</b> 31 - (GR) SAINT MARY'S SOUTHWEST 2373 64TH STREET SW BYRON CENTER, MI 49315	AMBULATORY SURGICAL CTR, REHAB, LAB, IMAGING, FAMILY PRACTICE, CARDIO AND ER
<b>1</b> 32 - (GR) ADVANTAGE HEALTH BUILDING 1471 EAST BELTLINE GRAND RAPIDS, MI 49525	LAB, IMAGING, REHAB, EMPLOYED PHYS , URGENT CARE, OB
<b>2</b> 33 - (GR) CLINICA SANTA MARIA 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
<b>3</b> 34 - (GR) PINE REST 300 68TH STREET SE GRAND RAPIDS, MI 49548	MENTAL HEALTH
<b>4</b> 35 - (GR) SPARTA FAMILY HEALTH CENTER 475 S STATE ST SPARTA, MI 49345	FAMILY PRACTICE CENTER
<b>5</b> 36 - (GR) BROWNING CLAYTOR HEALTH CENTER 1246 MADISON SE GRAND RAPIDS, MI 49507	FAMILY PRACTICE CENTER
<b>6</b> 37 - (GR) HEARTSIDE HEALTH CLINIC 359 S DIVISION GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
<b>7</b> 38 - (GR) RIVERTOWN BUILDING 3380 44TH STREET SW GRANDVILLE, MI 49418	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>8</b> 39 - (GR) STANDALE BUILDING 1175 WILSON AVE NW WALKER, MI 49534	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>9</b> 40 - (GR) 310 LAFAYETTE BUILDING 310 LAFAYETTE SE GRAND RAPIDS, MI 49503	IMMUNOLOGY, VASCULAR, INFECTIOUS DISEASE, AND PULMONOLOGY
<b>10</b> 41 - (GR) ADVANTAGE HEALTH BUILDING 10047 CROSS ROADS COURT CADEDONIA, MI 49316	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>11</b> 42 - (GR) ADVENT REHAB 1375 W GREEN ST HASTINGS, MI 49058	REHAB
<b>12</b> 43 - (GR) ADVENT REHAB 1915 GEORGETOWN CENTER DR JENISON, MI 49428	REHAB
<b>13</b> 44 - (GR) CHERRY BUILDING 245 CHERRY ST GRAND RAPIDS, MI 48503	PEDIATRIC CLINIC, FAMILY MEDICINE, OB, NEUROSCIENCES, AND SLEEP
<b>14</b> 45 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 933 THREE MILE NW GRAND RAPIDS, MI 49504	LAB, REHAB, FAMILY PRACTICE

**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)
<b>46</b> 46 - (GR) ADVANTAGE HEALTH BUILDING 7782 20TH AVENUE JENISON, MI 49428	FAMILY PRACTICE CENTER
<b>1</b> 47 - (GR) SOUTHEAST ADVANTAGE HEALTH BLDG 2080 44TH ST SE KENTWOOD, MI 49508	REHAB, LAB, FAMILY PRACTICE
<b>2</b> 48 - (GR) ADVANTAGE HEALTH BUILDING 6050 NORTHLAND DR NE ROCKFORD, MI 49341	FAMILY PRACTICE CENTER, URGENT CARE, LAB, IMAGING, WOMEN'S HEALTH, REHAB
<b>3</b> 49 - (GR) WYOMING FAMILY PRACTICE 950 36TH STREET SW WYOMING, MI 49509	FAMILY PRACTICE CENTER
<b>4</b> 50 - (GR) ADVENT REHAB 7575 EAST FULTON ADA, MI 49355	REHAB
<b>5</b> 51 - (GR) ADVENT REHAB 1000 EAST PARIS ST 222 GRAND RAPIDS, MI 49546	REHAB
<b>6</b> 52 - (GR) ADVENT REHAB 150 JEFFERSON SE ST 100 GRAND RAPIDS, MI 49503	REHAB
<b>7</b> 53 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 771 KENNMORE SE GRAND RAPIDS, MI 49547	FAMILY PRACTICE
<b>8</b> 54 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2093 HEALTH DRIVE SUITE 300 WYOMING, MI 49519	VASCULAR
<b>9</b> 55 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2144 EAST PARIS SE GRAND RAPIDS, MI 49546	INTERNAL MEDICINE
<b>10</b> 56 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 1000 EAST PARIS STE 222 GRAND RAPIDS, MI 49546	CARDIOVASCULAR
<b>11</b> 57 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 260 JEFFERSON SE STE 115 GRAND RAPIDS, MI 49503	CONCIERGE MEDICINE
<b>12</b> 58 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 3290 NORTH WELLNESS DRIVE HOLLAND, MI 49424	FAMILY PRACTICE
<b>13</b> 59 - (GR) MERCY HEALTH DENTAL CLINIC 781 36TH STREET SE GRAND RAPIDS, MI 49548	DENTAL CLINIC
<b>14</b> 60 - (LIV) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER



**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)
<b>61</b> 61 - (LIV) WESTSIDE OBGYN 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	OB/GYN PRACTICE
<b>1</b> 62 - (LIV) SJMG PRIMARY CARE FREEDOM 20206 FARMINGTON RD LIVONIA, MI 48152	INTERNAL MEDICINE PRACTICE
<b>2</b> 63 - (LIV) SJMG PC WEST FARM HILLS 36650 GRAND RIVER AVE SUITE 101 FARMINGTON HILLS, MI 48335	OB/GYN PRACTICE
<b>3</b> 64 - (LIV) OUTPAITENT SURGERY CENTER - ENDO 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
<b>4</b> 65 - (LIV) SJMG PRIMARY CARE LIVONIA 14600 FARMINGTON RD SUITE 105 LIVONIA, MI 48154	INTERNAL MEDICINE, SLEEP LAB
<b>5</b> 66 - (LIV) SJMG PRIMARY CARE REDFORD 26400 PLYMOUTH RD REDFORD, MI 48239	FAMILY PRACTICE
<b>6</b> 67 - (LIV) WESTSIDE UROGYNECOLOGY 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	UOLOGY, OB/GYN
<b>7</b> 68 - (LIV) SJMG PC EAST FARM HILLS 30852 W 10 MILE RD FARMINGTON HILLS, MI 48336	INTERNAL MEDICINE
<b>8</b> 69 - (LIV) URGENT CARE SCHOOLCRAFT 39201 7 MILE RD LIVONIA, MI 48152	URGENT CARE
<b>9</b> 70 - (LIV) SJMG PRIMARY CARE BUCKINGHAM 29105 BUCKINGHAM ST SUITE 11 LIVONIA, MI 48154	PHYSICAL MEDICINE & REHAB
<b>10</b> 71 - (LIV) CRNA OSC 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
<b>11</b> 72 - (LIV) CATHERINE'S PLACE RET FAC 28750 W ELEVEN MILE RD FARMINGTON HILLS, MI 48336	NURSING HOME FACILITY
<b>12</b> 73 - (OAKLAND)SJMO MEDICAL OFFICE BUIDING 44555 WOODWARD AVE PONTIAC, MI 48341	COLORECTAL SURGERY, NEUROLOGY, LAB, NEUROSURGERY, RADIOLOGY, OTHER SURGERY
<b>13</b> 74 - (OA) INDEPENDENCE POINTE 7210 ORTONVILLE RD CLARKSTON, MI 48346	LAB, RADIOLOGY
<b>14</b> 75 - (OA) BALD MOUNTAIN REGIONAL MEDICAL 1375 S LAPEER RD LAKE ORION, MI 48360	URGENT CARE, LAB, RADIOLOGY, INTERNAL MED/PEDS

**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)
<b>76</b> 76 - (OA) WOODWARD PROFESSIONAL BUILDING 44428 WOODWARD AVE PONTIAC, MI 48341	REHAB, OB/GYN CLINIC, PARTIAL PSYCH HOSPITAL
<b>1</b> 77 - (OA) WATERFORD SURGICAL CENTER 5220 HIGHLAND RD WATERFORD, MI 48327	SURGICAL CENTER
<b>2</b> 78 - (OA) KAROTECH BUILDING 2630 UNION LAKE RD COMMERCE TOWNSHIP, MI 48382	LAB, PEDIATRICS
<b>3</b> 79 - (OA) MERCY MEDICAL GROUP-OAKLAND PHYSICI 5210 HIGHLAND RD WATERFORD, MI 48327	INTERNAL MEDICINE, URGENT CARE, LAB, RADIOLOGY, ENDOCRINOLOGY
<b>4</b> 80 - (OA) AUBURN HILLS DIAGNOSTICS 719 S OPDYKE ROAD AUBURN HILLS, MI 48326	CARDIOLOGY, RADIOLOGY, LAB
<b>5</b> 81 - (OA) SLEEP DISORDERS CLINIC 3100 CROSS CREEK PKWY AUBURN HILLS, MI 48341	SLEEP CLINIC
<b>6</b> 82 - (OA) WATERFORD LAB 5800 HIGHLAND RD WATERFORD, MI 48327	LAB
<b>7</b> 83 - (OA) LEXUS PROFESSIONAL BUILDING 44200 WOODWARD AVE PONTIAC, MI 48341	LAB, OB/GYN
<b>8</b> 84 - (OA) SHORES III PROFESSIONAL BLDG 2300 HAGGERTY RD WEST BLOOMFIELD, MI 48323	RADIOLOGY
<b>9</b> 85 - (OA) WHITE LAKE URGENT CARE 320 TOWN CENTER BLVD WHITE LAKE TWP, MI 48386	URGENT CARE, LAB, RADIOLOGY, REHAB
<b>10</b> 86 - (OA) AFFINITY PEDIATRICS & INTERN MED 5820 HIGHLAND ROAD WATERFORD, MI 48328	INTERNAL MEDICINE/PEDIATRICS
<b>11</b> 87 - (OA) MERCY MEDICAL GROUP-ROCHESTER 1854 W AUBURN RD ROCHESTER HILLS, MI 48309	INTERNAL MEDICINE/PEDS, ENDOCRINOLOGY
<b>12</b> 88 - (OA) CLARKSTON FAMILY PRACTICE 6770 DIXIE HWY CLARKSTON, MI 48346	OB/GYN, FAMILY MED
<b>13</b> 89 - (OA) MERCY MED GROUP-BLOOMFIELD HILLS 1750 TELEGRAPH RD BLOOMFIELD HILLS, MI 48302	OB/GYN
<b>14</b> 90 - (OA) BLOOMFIELD HILLS PEDIATRICS 43750 WOODWARD AVE BLOOMFIELD HILLS, MI 48302	PEDIATRICS

**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)

**91** 91 - (OA) DAVISBURG FAMILY MEDICINE  
10740 DIXIE HIGHWAY  
DAVISBURG, MI 48350

FAMILY MEDICINE, LAB

**1** 92 - (OA) OAKLAND MEDICAL GROUP  
3950 S ROCHESTER ROAD  
ROCHESTER HILLS, MI 48307

OB/GYN

**2** 93 - (OA) BLOOMFIELD HILLS IM  
2520 S TELEGRAPH RD  
BLOOMFIELD HILLS, MI 48302

INTERNAL MEDICINE

**3** 94 - (OA) MERCY PLACE  
55 CLINTON ST  
PONTIAC, MI 48342

OUTPATIENT CLINIC

**4** 95 - (OA) OAKLAND MEDICAL GROUP  
27301 DEQUINDRE ROAD  
MADISON HEIGHTS, MI 48071

OB/GYN

**5** 96 - (OA) CLARKSTON NEUROSURGERY  
7650 DIXIE HIGHWAY  
CLARKSTON, MI 48346

NEUROSURGERY

**6** 97 - (OA) CLARKSTON MEDICAL BUILDING  
5701 BOW POINTE DR  
CLARKSTON, MI 48346

COLORECTAL SURGERY

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

TRINITY HEALTH - MICHIGAN

Employer identification number

38-2113393

**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 ▶ \_\_\_\_\_ 42

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ST JOSEPH MERCY CHELSEA NURSING SCHOLARSIPS	4	10,000		FAIR MARKET VALUE	SCHOLARSHIPS
(2) ST MARY MERCY LIVONIA NURSING SCHOLARSHIPS	2	4,000		FAIR MARKET VALUE	SCHOLARSHIPS
(3) ST JOSEPH MERCY ANN ARBOR & LIVINGSTON NURSING SCHOLARSHIPS	12	34,141		FAIR MARKET VALUE	SCHOLARSHIPS
(4) ST JOSEPH MERCY OAKLAND NURSING SCHOLARSHIPS	3	3,000		FAIR MARKET VALUE	SCHOLARSHIPS
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE BY TRINITY HEALTH - MICHIGAN 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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2113393  
**Name:** TRINITY HEALTH - MICHIGAN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 72372 GREENVILLE AV DALLAS, TX 75231	13-5613797	501(C)(3)	50,000				2019 HEART WALK SPONSORSHIP
AVALON HOUSING 1327 JONES DR STE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	195,000				FUSE PROGRAM AND RAPID RE-HOUSING FOR SINGLE ADULTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES OF ANN ARBOR 4925 PACKARD RD ANN ARBOR, MI 48108	38-1654500	501(C)(3)	25,000				BEHAVIORAL HEALTH SERVICES AT CSSW & PACKARD HEALTH-YPSI
CENTER FOR HEALTHCARE RESEARCH 2929 PLYMOUTH RD STE 245 ANN ARBOR, MI 48105	27-1017827	501(C)(3)	60,000				WASHTENAW HEALTH INITIATIVE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAIR FOOD NETWORK 1250 N MAIN ST ANN ARBOR, MI 48104	26-4143394	501(C)(3)	50,000				NI FOOD/AGRIC FINI GRANT INNOV TECH & EXP GEOGRAPHIES PROG
FOOD GATHERERS 1 CARROT WAY ANN ARBOR, MI 48105	38-2853858	501(C)(3)	60,000				LOCAL FOOD BANKS COORDINATED FUNDING AND CORPORATE GIVING PROGRAM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GROWING HOPE INC 922 W MICHIGAN AVE YPSILANTI, MI 48197	74-3091845	501(C)(3)	20,000				YPSILANTI FARMERS MARKET AND MOBILE FARM STAND
JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	55,000				CAPACITY BUILDING GRANT AND MI HEALTH ENDOWMENT FUND GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIVINGSTON COUNTY HEALTH DEPARTMENT 2300 EAST GRANT RIVER AVENUE SUITE 102 HOWELL, MI 48843	38-6005819	COUNTY GOVERNMENT	103,178				PRESCRIPTION FOR HEALTH PROGRAM - LIVINGSTON COUNTY
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD SUITE 260 ANN ARBOR, MI 48018	38-2595768	501(C)(3)	25,000				PERMANENT HOUSING SUPPORTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	48,333				WILLIAM J FILETI MEMORAL FUND SUPPORT FOR FUTURES FUND
WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT 555 TOWNER ST YPSILANTI, MI 48198	38-6004894	COUNTY GOVERNMENT	25,000				COORDINATED FUNDING - PROGRAM OPERATIONS GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHTENAW HEALTH PLAN 555 TOWNER ST STE 1 YPSILANTI, MI 48198	02-0585175	501(C)(3)	25,000				WASHTENAW HOUSING ALLIANCE SECTOR LEADERSHIP GRANT
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	47,500				STAFF SUPPORT FUND FOR PERM SUPP HOUSING SVCS AND SECTOR LEADERSHIP GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAITH IN ACTION INC 603 S MAIN CHELSEA, MI 48118	38-2463646	501(C)(3)	25,000				SUPPORT THE AFFORDABLE HOUSING PROJECT
DEXTER SENIOR CITIZENS 7720 ANN ARBOR ST DEXTER, MI 48130	23-7144195	501(C)(3)	10,000				SUPPORT THE WORK OF DEXTER SENIOR CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COPPER NAIL COMMUNITY RESALE SHOP 111 E MICHIGAN AVE GRASS LAKE, MI 49240	26-0884302	501(C)(3)	10,600				SUPPORT THE WORK OF COPPER NAIL IN GRASS LAKE
CHELSEA SENIOR CITIZENS ACTIVITIES CENTER 512 E WASHINGTON ST CHELSEA, MI 48118	91-2187162	501(C)(3)	15,000				SUPPORT THE WORK OF CHELSEA AND GRASS LAKE SENIOR CTR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANCHESTER COMMUNITY SCHOOLS 410 CITY ROAD MANCHESTER, MI 48158	38-3593467	501(C)(3)	15,810				SUPPORT THE WORK OF THE COMMUNITY RESOURCE CTR
WAVE-WESTERN WASHTENAW AREA VALUE EXPRESS PO BOX 272 CHELSEA, MI 48118	38-2122970	501(C)(3)	23,000				SUPPORT THE WORK OF WAVE IN CHELSEA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LOUIS CENTER 16195 OLD US 12 CHELSEA, MI 48118	38-6038121	501(C)(3)	23,140				SUPPORT EFFORTS FOR FITNESS AND WELLNESS PROGRAMS
STOCKBRIDGE COMMUNITY OUTREACH ASSOCIATION 360 CHERRY ST STOCKBRIDGE, MI 49285	38-2609279	501(C)(3)	44,000				SUPPORT THE WORK OF STOCKBRIDGE COMMUNITY OUTREACH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE RIGHT PLACE INC 125 OTTAWA AVE NW NO 450 GRAND RAPIDS, MI 49503	38-3262801	501(C)(6)	25,000				COMMUNITY SUPPORT
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	100,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW SUITE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	6,000				COMMUNITY SUPPORT
YWCA WEST CENTRAL MICHIGAN 25 SHELDON SE GRAND RAPIDS, MI 49503	38-1359578	501(C)(3)	5,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN JUAN DIEGO ACADEMY 1650 GODFREY AVE SW WYOMING, MI 49509	45-2103252	501(C)(3)	11,000				COMMUNITY SUPPORT
RETHINKING DEMENTIA ACCELERATING CHANGE 1551 FRANKLIN ST SE GRAND RAPIDS, MI 49506	81-5378097	501(C)(3)	15,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER DETROIT AREA HEALTH COUNCIL 407 EAST FORT STREET 6TH FLOOR DETROIT, MI 48226	38-1360904	501(C)(3)	5,000				SUPPORT ANNUAL OPIOID ABUSE AND HEROIN OVERDOSE SUMMIT
MICHIGAN ASSOCIATION OF PHYSICIANS OF INDIAN HERITAGE 28235 SOUTHFIELD RD LATHRUP VILLAGE, MI 48076	38-3032459	501(C)(3)	15,000				SUPPORT FOMAPI DANCE DRAMA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIVONIA PUBLIC SCHOOLS EDUCATION FOUNDATION 15125 FARMINGTON ROAD LIVONIA, MI 48154	20-1085968	501(C)(3)	7,500				SUPPORT BACK-TO-SCHOOL PARTY AND FALL LUNCHEON
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORP INC 18917 JOY ROAD DETROIT, MI 48228	38-3622930	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH NAVIGATION FOR IMPROVED OUTCOMES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COURAGEOUS 12925 AUBURN AVENUE DETROIT, MI 48223	90-0786010	501(C)(3)	20,000				SUPPORT PROGRAMMING, STAFF, AND DEVELOPMENT OF FINANCIAL MANAGEMENT SYSTEM
HOPE CLINIC PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	5,000				SUPPORT THE REDESIGNED INITIATIVE - HEALTHY YOU

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY EDUCATION PROJECT 1450 HOWARD STREET DETROIT, MI 48216	38-3209556	501(C)(3)	15,000				SUPPORT 12TH ANNUAL DOORWAY TO THE FUTURE DINNER
TRINITY COMMUNITY SERVICES AND EDUCATIONAL FOUNDATION 1050 PORTER ST DETROIT, MI 48226	38-3129349	501(C)(3)	72,500				MATCH GRANT DONATION TO SUPPORT THE GRANT THEY RECEIVED FROM BCBS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELLNESS PLAN 7700 SECOND AVE DETROIT, MI 48202	38-2008890	501(C)(3)	500,000				COMMUNITY BENEFIT GRANT
METRO SOLUTIONS INC 18000 W NINE MILE ROAD SUITE 360 SOUTHFIELD, MI 48075	20-0156511	501(C)(3)	80,000				COMMUNITY BENEFIT GRANT



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HOPE HOSPITALITY & WARMING CENTER 249 BALDWIN AVENUE PONTIAC, MI 48342	38-3571989	501(C)(3)	50,000				COMMUNITY BENEFIT GRANT
CAMP CAVELL CONSERVANCY PO BOX 348 SANDUSKY, MI 48471	46-2336793	501(C)(3)	7,500				SPONSORSHIP

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

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CITY OF PONTIAC 47450 WOODWARD AVE PONTIAC, MI 48342	38-6005034	CITY GOVERNMENT	7,500				SPONSORSHIP
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC C/O 7042 DAVENTRY WOODS DR WEST BLOOMFIELD, MI 48322	32-0015321	501(C)(3)	7,500				SPONSORSHIP

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

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MIA-USA FUNDRAISING INC 2039 NORTH GEYER RD ST LOUIS, MO 63131	46-1959457	501(C)(3)	167,000				SPONSORSHIP

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

Employer identification number  
38-2113393

**Part I Questions Regarding Compensation**

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

**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	TRINITY HEALTH - MICHIGAN (TH-MI) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. TH-MI'S HOSPITAL CEO'S ARE PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF TH-MI'S CEO'S - 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 2017. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II. RICHARD O'CONNELL - \$448,968. JUDITH PERSICHILLI - \$480,920. JACK WEINER - \$470,850. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017. 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 2017, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2017. THE FOLLOWING PAYOUTS FOR 2017 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$191,020; ROBERT CASALOU - \$147,874; CYNTHIA CLEMENCE - \$97,577; RICHARD GILFILLAN, MD - \$351,851; NANCY GRAEBNER - \$71,811; BILL MANNS - \$97,189; TAUANA MCDONALD - \$69,180; PAUL NEUMANN - \$150,967; RICHARD O'CONNELL - \$202,294; DAVID SPIVEY - \$97,539; ROGER SPOELMAN - \$141,449; SHANNON STRIEBICH - \$32,706; JACK WEINER - \$67,087. THE FOLLOWING ACCRUALS FOR 2017 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II: DAVID BROOKS - \$140,218; JOHN O'MALLEY - \$44,024. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$270,000 FOR 2017). THE FOLLOWING PAYOUTS FOR 2017 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$100,285; ROBERT CASALOU - \$80,505; NANCY GRAEBNER - \$36,042; SALLY GUINDI - \$2,199; BILLY MANNS - \$6,758; PAUL NEUMANN - \$95,117; JACQUELINE PRIMEAU - \$934; DAVID SPIVEY - \$91,881; CAROL TARNOWSKY - \$1,204. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2113393  
**Name:** TRINITY HEALTH - MICHIGAN

**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				
1 ROBERT CASALOU DIR, PRES/CEO MH & SJMHS AT 1/18	(i)	0	0	0	0	0	0	0
	(ii)	650,713	250,058	245,999	12,150	32,759	1,191,679	72,369
1 ROGER SPOELMAN DIR & PRES/CEO THR 12/17, TRINITY SVP	(i)	0	0	0	0	0	0	0
	(ii)	614,701	211,406	167,276	20,250	28,314	1,041,947	0
2 TAUANA MCDONALD DIR THR 12/17, TRIN SVP CLINICAL OPS	(i)	0	0	0	0	0	0	0
	(ii)	314,822	134,155	109,355	16,200	30,190	604,722	0
3 TONYA WELLS DIRECTOR, TH VP FEDERAL ADVOCACY	(i)	0	0	0	0	0	0	0
	(ii)	200,403	55,933	868	19,888	25,902	302,994	0
4 SALLY GUINDIGEN CSL MH SJMHS ASST SECR THR 12/17, SECR AS OF 1/18	(i)	0	0	0	0	0	0	0
	(ii)	286,345	78,255	5,529	16,200	25,611	411,940	0
5 CAROL TARNOWSKYMI DPTY GEN CSL SECR THR 12/17, ASST SECR AS OF 1/18	(i)	0	0	0	0	0	0	0
	(ii)	266,370	70,579	3,405	16,200	7,963	364,517	0
6 MICHAEL GUSHO TREASURER, MH & SJMHS CFO	(i)	0	0	0	0	0	0	0
	(ii)	437,953	96,536	2,038	20,250	24,097	580,874	0
7 GARY ALLORE ASST TREAS THR 9/17, PRES MH AT 9/17	(i)	0	0	0	0	0	0	0
	(ii)	349,690	64,973	2,847	16,200	23,849	457,559	0
8 DAVID SPIVEY CEO ST MARY MERCY LIVONIA	(i)	0	0	0	0	0	0	0
	(ii)	482,829	162,902	205,743	20,250	23,814	895,538	82,595
9 DAVID BROOKS CEO ST JOSEPH MERCY AA THROUGH 3/18	(i)	0	0	0	0	0	0	0
	(ii)	564,797	218,623	16,762	152,368	30,688	983,238	0
10 BILL MANNIS CEO MERCY HEALTH ST MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	416,212	144,052	119,153	8,100	27,887	715,404	6,532
11 DAVID BAUMGARTNER CMO MERCY HEALTH ST MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	485,776	78,116	2,550	16,200	10,574	593,216	0
12 NANCY GRAEBNER CEO ST JOSEPH MERCY CHelsea	(i)	0	0	0	0	0	0	0
	(ii)	315,521	120,071	123,636	16,200	8,616	584,044	34,827
13 SHANNON STRIEBICH CEO ST JOSEPH MERCY OAKLAND	(i)	0	0	0	0	0	0	0
	(ii)	382,264	105,255	39,994	16,200	28,622	572,335	0
14 ROSALIE TOCCO-BRADLEY CMO ST JOS MERCY ANN ARBOR, LIVINGS	(i)	0	0	0	0	0	0	0
	(ii)	426,169	88,168	3,046	12,150	24,863	554,396	0
15 FABIAN FREGOLI CMO ST JOS MERCY OAKLAND AS OF 1/18	(i)	366,340	83,367	565	8,913	21,779	480,964	0
	(ii)	0	0	0	0	0	0	0
16 MICHAEL K SMITH CMO ST JOS MERCY OAKLAND THR 7/17	(i)	0	0	0	0	0	0	0
	(ii)	336,521	70,156	4,531	12,150	24,511	447,869	0
17 DAVID MCEWEN COO, MERCY HEALTH ST MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	342,211	63,583	1,553	12,150	26,598	446,095	0
18 MIKE GRISDELA VP FINANCE WEST MARKET, SE MICH	(i)	0	0	0	0	0	0	0
	(ii)	308,950	69,069	1,384	12,150	26,533	418,086	0
19 JOHN O'MALLEY CEO ST JOSEPH MERCY LIVINGSTON	(i)	0	0	0	0	0	0	0
	(ii)	280,028	63,791	9,507	56,174	15,252	424,752	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> MICHAEL SAMYN VP FINANCE ST MARY MERCY & SJM OAK	(i)	0	0	0	0	0	0	0
	(ii)	274,871	61,441	1,200	16,200	24,443	378,155	0
<b>1</b> LONZO LEWIS INT CEO SJ MERCY AA AT 4/18 & COO	(i)	266,162	53,098	407	12,150	22,760	354,577	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> DANIEL GREEN VP FIN MERCY HLTH ST MARY'S	(i)	228,351	42,695	513	16,200	19,353	307,112	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> KATHY BRUBAKER VP OPS ST JOSEPH MERCY CHELSEA	(i)	0	0	0	0	0	0	0
	(ii)	191,079	40,387	2,193	17,544	5,851	257,054	0
<b>4</b> SARAH GILBERT VP OPS ST MARY MERCY LIVINGSTON	(i)	206,334	18,066	8,734	13,138	38,213	284,485	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> RANDALL T FORSCH CMO ST JOSEPH MERCY CHELSEA	(i)	0	0	0	0	0	0	0
	(ii)	147,792	30,842	509	5,359	1,044	185,546	0
<b>6</b> LAWRENCE RAPP NEUROSURGEON (OAKLAND)	(i)	1,449,732	0	3,488	12,150	22,413	1,487,783	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> JASON BRODKEY NEUROSURGEON (SJMHS)	(i)	1,110,738	0	1,447	20,250	20,510	1,152,945	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> GEORGE GIBSON ORTHOPEDIC SURGEON (SJMHS)	(i)	1,100,883	0	838	12,150	28,750	1,142,621	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> AHMAD ISSAWI NEUROSURGEON (SJMHS)	(i)	1,036,417	0	433	12,150	20,399	1,069,399	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> YOAV RITTER NEUROSURGEON (OAKLAND)	(i)	1,030,436	0	588	12,150	24,476	1,067,650	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> BENJAMIN CARTER FORMER OFFICER, TRINITY EVP, CFO	(i)	0	0	0	0	0	0	0
	(ii)	939,676	366,755	316,455	12,150	38,629	1,673,665	90,148
<b>12</b> CYNTHIA CLEMENCE FMR OFFCR, TRINITY SVP, OPS CFO	(i)	0	0	0	0	0	0	0
	(ii)	626,427	173,136	113,569	20,250	28,178	961,560	0
<b>13</b> PAUL NEUMANN FMR OFFCR, TH EVP, CHIEF LEGAL OFFCR	(i)	0	0	0	0	0	0	0
	(ii)	720,269	289,216	303,517	12,150	33,068	1,358,220	85,504
<b>14</b> RICHARD GILFILLAN FORMER OFFICER, TH PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,429,454	849,759	397,351	12,150	36,514	2,725,228	0
<b>15</b> JUDITH PERSICILLI FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	488,854	0	383	489,237	0
<b>16</b> RICHARD O'CONNELL FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	31,633	193,351	655,879	7,059	9,566	897,488	0
<b>17</b> DEBORAH ARMSTRONG FMR KEY EMP, TH CONTINGENT MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	271,453	0	0	12,150	0	283,603	0
<b>18</b> PHILIP MCCORKLE FORMER KEY EMPLOYEE, CONSULTANT	(i)	0	0	0	0	0	0	0
	(ii)	158,981	0	3,818	9,692	13,816	186,307	0
<b>19</b> MARY NEFF FORMER KEY EMP, VP LABOR & CLIN OPS	(i)	0	0	0	0	0	0	0
	(ii)	205,942	56,516	2,360	16,033	20,400	301,251	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				
<b>41</b> JACQUELINE PRIMEAU FORMER KEY EMPLOYEE, TH VP, M&A	(i)	0	0	0	0	0	0	
	(ii)	271,086	73,765	4,123	16,200	15,702	380,876	
<b>1</b> KATHLEEN O'CONNOR FORMER KEY EMP, DIR DECISION SUPPORT	(i)	0	0	0	0	0	0	
	(ii)	189,497	20,825	1,150	12,922	16,860	241,254	
<b>2</b> JACK WEINER FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	0	0	539,602	0	15,596	555,198	
<b>3</b> PETER DEWS III FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	184,801	65,243	872	11,420	12,814	275,150	

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization TRINITY HEALTH - MICHIGAN	Employer identification number 38-2113393
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
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:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

## 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) JANEL CARTER	FAMILY MEMBER OF BENJAMIN CARTER, FORMER OFFICER	76,933	EMPLOYMENT ARRANGEMENT		No
(1) BRIAN GRISDELA	FAMILY MEMBER OF MICHAEL GRISDELA, KEY EMPLOYEE	25,063	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) SCOTT GILBERT	FAMILY MEMBER OF SARAH GILBERT, KEY EMPLOYEE	33,276	EMPLOYMENT ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,889,148	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	234,110	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	735,474	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	162,086	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	293,886	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	464,653	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	107,829	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	877,229	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	314,650	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,605,000	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,216,408	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	180,118	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,875,600	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	613,609	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,540,530	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	118,647	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	973,166	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	379,660	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,433,622	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(23) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	555,663	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,092,555	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(25) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	558,139	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	149,620	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(27) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	158,262	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	317,080	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(29) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	192,159	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	394,215	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(31) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	783,113	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	499,386	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(33) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,374,114	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	142,738	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(35) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	837,810	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	649,199	DONOR PROVIDED GOODS/SERVICES TO TH-MI		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
(37) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	557,129	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	6,333,694	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

Employer identification number

38-2113393

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		992	DONOR PROVIDED VALUE
<b>5</b> Clothing and household goods . . . . .	X		6,573	DONOR PROVIDED VALUE
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	8	707,641	MEDIAN VALUE - TSFR DATE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .	X	37	2,515	DONOR PROVIDED VALUE
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( MISCELLANEOUS ) . . . . .	X	12	42,868	DONOR PROVIDED VALUE
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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
<b>30a</b> 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 is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not 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
PART I, LINE 32B	SPECIAL EVENT COMMITTEE VOLUNTEERS SOLICIT NON-CASH CONTRIBUTIONS FROM LOCAL BUSINESSES THEY SOLICIT ITEMS TO BE USED DURING THE SPECIAL EVENT, SUCH AS FOOD, PLUS ITEMS TO BE SOLD AT THE EVENT AUCTION



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

Employer identification number

38-2113393

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF TH-MI TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF TH-MI

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 FOR TH-MI IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE REGIONAL BOARDS OF TH-MI. 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	<p>TH-MI HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF TH-MI, 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 TH-MI AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF TH-MI (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TH-MI OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF TH-MI (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF TH-MI INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF TH-MI IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZATION IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO'S AND CFO'S OF TH-MI ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -83,897,662 CHANGE IN DEFERRED RETIREMENT COSTS 2,780,726 EQUITY GAIN IN UNCONSOLIDATED AFFILIATES 891,304 INCOME FROM DISCONTINUED OPERATIONS 818,368 PARTNERSHIP EQUITY ACTIVITY 991,373 OTHER TRANSACTIONS 3,962,697



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2	TH-MI'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY18 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 1, DOING BUSINESS AS NAMES</p>	<p>MRI MOBILE SERVICES OF WEST MICHIGAN, CANTON CENTER FOR ADVANCED MEDICINE AND SURGERY, CHELSEACARE, CHELSEACARE PHARMACY, INSPIRIT CANCER SUPPORT SERVICES, MERCY HEALTH - GRAND RAPIDS, MERCY HEALTH ASTHMA NETWORK, MERCY HEALTH PHARMACY - CATHEDRAL SQUARE, MERCY HEALTH PHARMACY - HOME INFUSION, MERCY HEALTH PHARMACY - HUDSONVILLE, MERCY HEALTH PHARMACY - LONG TERM CARE, MERCY HEALTH PHARMACY - SOUTHWEST, MERCY HEALTH PHARMACY - WEGE CENTER, MERCY HEALTH ROCKFORD CAMPUS, MERCY HEALTH SAINT MARY'S, MERCY HEALTH SOUTHWEST CAMPUS, MERCY OB/GYN PARTNERS, MERCY PHYSICIAN NETWORK, MERCY PROFESSIONAL SERVICES, PROFESSIONAL FINANCIAL SERVICES, SAINT JOSEPH MERCY CANTON HEALTH CENTER, SAINT JOSEPH MERCY CENTER FOR ADVANCED MEDICINE AND SURGERY, SAINT JOSEPH MERCY LIVINGSTON HOSPITAL, SAINT JOSEPH MERCY PHARMACY - HOWELL, SAINT JOSEPH MERCY PHARMACY - REICHERT, SAINT JOSEPH MERCY PHARMACY - SALINE, SAINT JOSEPH MERCY PHARMACY - TOWERS, SAINT JOSEPH MERCY SALINE HOSPITAL, SAINT MARY'S FAMILY PHARMACY - SW CAMPUS, SAINT MARY'S FAMILY PHARMACY - WEGE, SAINT MARY'S HEALTH SERVICES, SAINT MARY'S HOME INFUSION PROGRAM, SAMARITAN HEALTH CENTER, DETROIT, SJMH MEDICAL PRACTICE - SMHC, SOPHIA'S HOUSE, SRSLY, ST JOSEPH MERCY ANN ARBOR INFUSION PHARMACY, ST JOSEPH HOSPITAL, PONTIAC, ST JOSEPH MERCY ANN ARBOR, ST JOSEPH MERCY CANTON, ST JOSEPH MERCY CHELSEA-CANCER CENTER, ST JOSEPH MERCY HOSPITAL, ANN ARBOR, ST JOSEPH MERCY LIVINGSTON, ST JOSEPH MERCY OAKLAND, ST JOSEPH MERCY SALINE, ST JOSEPH MERCY SALINE HEALTH CENTER, ST MARY MERCY HOSPITAL PROFESSIONAL, ST MARY MERCY LIVONIA, ST MARY MERCY PHYSICIAN PRACTICES, ST MARY'S HOSPITAL, GRAND RAPIDS, THE FARM AT SAINT JOSEPH MERCY HEALTH SYSTEM, THE FARM AT ST JOE'S, WESTSIDE OBSTETRICS AND GYNECOLOGY, ASTHMA NETWORK, ASTHMA NETWORK OF W MI, ASTHMA NETWORK OF WEST MICHIGAN, BROWNING CLAYTOR HEALTH CENTER, CANTON HEALTH CENTER, MCAULEY HEALTH CENTER, MERCY GENERAL HEALTH PARTNERS, MERCY HEALTH PHARMACY-MARY FREE BED, MERCYELITE, MERCYELITE PHYSICAL THERAPY, MERCYELITE SPORTS PERFORMANCE, RICHARD J LA CKS CANCER CENTER, ST JOE'S MEDICAL GROUP - BLOOMFIELD HILLS PEDIATRICS, ST JOE'S MEDICAL GROUP - DAVISBURG FAMILY MEDICINE, ST JOE'S MEDICAL GROUP - OB/GYN OF MICHIGAN, ST JOSEPH MERCY OAKLAND - AUBURN HILLS DIAGNOSTICS, ST JOSEPH MERCY OAKLAND - CLARKSTON IMAGING CENTER, ADVANCED LAPAROSCOPIC SURGICAL ASSOCIATES (ASLA), CHELSEA PROFESSIONAL SERVICES, HEARTSIDE HEALTH CLINIC, MERCY ADVANTAGE, MERCY HEALTH PHARMACY SOLUTIONS, MERCY HEALTH SERVICES, MERCY MEDICAL CENTER - NOVI, MERCY NORTH OUTPATIENT PHARMACY, MERCY PRIMARY CARE CENTER - DETROIT, MERCY PRIMARY CARE CENTER - DETROIT PHARMACY, MICHIGAN BARIATRIC INSTITUTE (MBI), MICHIGAN CANCER INSTITUTE, MICHIGAN HEART, MICHIGAN STROKE NETWORK, MICHIGAN STROKE NETWORK REGISTRY, SAINT JOSEPH MERCY HEALTH SYSTEM CENTER FOR BEHAVIORAL MEDICINE, SAINT MARY'S ADVANCED SPECIALTY CARE, SAINT MARY'S FAMILY PHARMACY - ECS, SAINT MARY'S LTC PHARMACY, SAINT MARY'S MERCY WOUND</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 1, DOING BUSINESS AS NAMES</p>	<p>D CARE CENTER, SJMO ROCHESTER HILLS OB/GYN, SPARTA FAMILY HEALTH CENTER, ST MARY MERCY HO SPITAL, ST MARY MERCY ONCOLOGY PRACTICE, ST MARY MERCY OUTPATIENT PSYCHIATRIC SERVICES, ST MARY MERCY WOUND CARE CENTER, ANN ARBOR HOME INFUSION PHARMACY, CARE (CONFIDENTIAL ASS ISTANCE AND REFERRAL FOR EMPLOYEES), CHELSEA COMMUNITY HOSPITAL, CHELSEA COMMUNITY HOSPITA L CHILDREN'S CENTER, CHELSEA ORTHOPEDIC SPECIALISTS, CHELSEACARE HOME HEALTH, CLINICA SANT A MARIA, CONFIDENTIAL ASSISTANCE AND REFERRAL FOR EMPLOYEES, DEXTER INTERNAL MEDICINE AND PEDIATRICS, EVANGELICAL DEACONESS HOSPITAL, FAMILY MEDICINE OF STOCKBRIDGE, HEALTH EXPLORA TION STATION, MERCY HEALTH SERVICES NORTH, MERCY HOSPITAL OUTPATIENT PHARMACY, MERCY MEDIC AL GROUP, MERCY OUTPATIENT PHARMACY, MERCY PATHOLOGY, MERCY SURGERY CARE NETWORK, MERCY SU RGIICAL CARE, MUSKEGON GENERAL HOSPITAL, SAINT JOSEPH MERCY HEALTH NETWORK, SAINT JOSEPH ME RCY HEALTH SYSTEM, SAINT MARY'S FAMILY PHARMACY - LTC, SAINT MARY'S FAMILY PHARMACY-CATHED RAL SQUARE, SAINT MARY'S FAMILY PHARMACY-SOUTHWEST, SAINT MARY'S FAMILY PHARMACY-WEGE CENT ER, SAINT MARY'S HEALTH CARE, SAINT MARY'S HEALTH CARE, PROFESSIONAL FINANCIAL SERVICES, S AINT MARY'S MERCY HOSPITAL, SAINT MARY'S MERCY MEDICAL CENTER, SAINT MARY'S MERCY WEGE CEN TER, SAINT MARYS'S FAMILY PHARMACY WEGE CENTER FOR HEALTH AND LEARNING, SISTERS OF MERCY H EALTH CORPORATION, SJMHS LIVINGSTON ORTHOPEDIC SURGICAL GROUP, SJMHS ORTHOPEDIC SERVICES, SJMHS SPECIALTY PHYSICIANS, SPORTX, ST JOE'S MEDICAL GROUP, ST JOSEPH MERCY - BRIGHTON, ST JOSEPH MERCY HOSPITAL - SMHC, ST JOSEPH MERCY HOSPITAL, PONTIAC, ST JOSEPH MERCY OAK LAND URGENT CARE-BIRMINGHAM, THE SHOPPE AT SAINT MARY'S, WEST MICHIGAN REGIONAL HEART AND VASCULAR INSTITUTE, WESTSHORE FAMILY MEDICINE, WHITE OAK INN, WOMEN'S HEALTH CENTER, CLINX US, MERCY ENDOCRINOLOGY, MERCY FAMILY CARE, MERCY HEALTH CLINXUS, MERCY HEALTH DENTAL CLIN IC, MERCY HEALTH PHARMACY-ROCKFORD, MERCY HEALTH-MUSKEGON CMH PHARMACY, MERCY PHYSICIAN PA RTNERS, MERCY SPECIALTY CARE, MERCY SURGERY CARE, SJMH MEDICAL PRACTICE, SJMH URGENT CARES , ST JOSEPH MERCY ANN ARBOR-CANCER CENTER, ST JOSEPH MERCY BRIGHTON-CANCER CENTER, ST J OSEPH MERCY CANTON-CANCER CENTER, ST JOSEPH MERCY LIVINGSTON-CANCER CENTER, ST JOSEPH ME RCY OAKLAND - IMAGE ENHANCEMENT CENTER, ST JOSEPH MERCY OAKLAND-CANCER CENTER, ST JOSEPH MERCY PORT HURON - CANCER CENTER, ST JOSEPH MERCY PORT HURTON, ST MARY MERCY - CANCER C ENTER, ST MARY MERCY OUTPATIENT PHARMACY, THE BOUTIQUE AT MERCY HEALTH, THE BOUTIQUE AT M ERCY HEALTH, LACKS CANCER CENTER, BALD MOUNTAIN DIAGNOSTIC IMAGING, CADILLAC OCCUPATIONAL MEDICINE, HEALTHFIRST MEDICAL CENTER, MERCY CADILLAC ANESTHESIA, MERCY CADILLAC CANCER CEN TER, MERCY CADILLAC PHYSICIAN NETWORK, MERCY CANCER CENTER, MERCY HOSPITAL GRAYLING D/B/A MERCY HEALTH CANCER CENTER, MERCY PHYSICIAN NETWORK CADILLAC, ST JOSEPH MERCY PORT HURON, ST JOSEPH MERCY CHELSEA, CHELSEA COMMUNITY HOSPITAL, A MEMBER OF THE SAINT JOSEPH MERCY HEALTH SYSTEM, LIVINGSTON COMM</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	UNITY HOSPICE, MERCY HOSPITAL, MERCY HOSPITAL, CADILLAC, MERCY HOSPITAL, GRAYLING, MERCY HOSPITAL, MUSKEGON, MERCY HOSPITAL, PORT HURON, SAINT JOSEPH MERCY LIVINGSTON HOME CARE, SAINT MARY'S HEALTH SERVICES, GRAND RAPIDS, SALINE COMMUNITY HOSPITAL, ST JOSEPH MERCY HOSPITAL, PONTIAC

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRINITY HEALTH - MICHIGAN

**Employer identification number**

38-2113393

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

(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
See Additional Data Table									

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** **Supplemental Information**

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2113393  
**Name:** TRINITY HEALTH - MICHIGAN

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
OAKLAND HEALTH ALLIANCE LLC 44405 WOODWARD AVE PONTIAC, MI 48341 82-2021072	ACCOUNTABLE CARE ORGANIZATION	MI	0	0	TRINITY HEALTH-MICHIGAN
SAINT MARY'S PHARMACY LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	PHARMACY	MI	0	0	TRINITY HEALTH-MICHIGAN
SOUTHEAST MICHIGAN CLINICAL NETWORK LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3856789	ACCOUNTABLE CARE ORGANIZATION	MI	2,533,481	1,822,582	TRINITY HEALTH-MICHIGAN
ST JOSEPH MERCY CHELSEA INC 775 S MAIN ST CHELSEA, MI 48118 82-4757260	MEDICAL SERVICES	MI	0	0	TRINITY HEALTH-MICHIGAN
THE CARE ALLIANCE 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5648536	ACCOUNTABLE CARE ORGANIZATION	MI	48,605	98,586	TRINITY HEALTH-MICHIGAN
THE SAINT JOSEPH MERCY HEALTH PARTNERS CLINICALLY INT NETWORK PO BOX 995 ANN ARBOR, MI 48106 47-1340852	ACCOUNTABLE CARE ORGANIZATION	MI	0	57,122	TRINITY HEALTH-MICHIGAN
WESTERN CARE ALLIANCE LLC 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5620128	ACCOUNTABLE CARE ORGANIZATION	MI	2,796,908	951,879	TRINITY HEALTH-MICHIGAN

**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	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
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 10	ST JOSEPH'S HEALTH INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
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	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	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	GOTTLIEB MEMORIAL HOSPITAL	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	
945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722 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	

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						Yes	No
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	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION 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	

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						Yes	No
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	
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	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	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	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	

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						Yes	No
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	
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	
114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTH CARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	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	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 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	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	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	

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						Yes	No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 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	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 16-1535133	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	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 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	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	



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						Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 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	
271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 10	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	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	

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						Yes	No
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	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 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	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
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	

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						Yes	No
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 CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	

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
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 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
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	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		No
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTH CARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN 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	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	









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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TAMARACK MEDICAL CLINIC LLC  402 LAKE CASCADE PARKWAY CASCADE, ID 83611 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC  1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 27-2871206	OUTPATIENT SURGERY	PA	N/A									
WOODLAND IMAGING CENTER LLC  5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/ IMAGING	MI	TRINITY HEALTH- MICHIGAN	RELATED	1,085,811	1,522,133		No			No	51 000 %

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
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 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 56 FRANKLIN ST WATERBURY, CT 06706 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	
HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	

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(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
HEALTH CARE MANAGEMENT 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	TRINITY HEALTH- MICHIGAN	C	1,348,991	33,167,271	100 000 %	Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
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	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DR SUITE 216 WESTMONT, IL 60559 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 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	

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								Yes	No
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	
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	
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 411 CANISTEO STREET HORNELL, NY 14843 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	
SJPMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	TRINITY HEALTH- MICHIGAN	C	-116,526		99 000 %	Yes	
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTH CARE SERVICES	MI	TRINITY HEALTH- MICHIGAN	C	-37,624	10,788	55 000 %	Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	TRINITY HEALTH- MICHIGAN	C		674,732,554	100 000 %	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	N/A	C				Yes	

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
PROBILITY THERAPY SERVICES	P	52,989	PER BOOKS
PROBILITY THERAPY SERVICES	Q	490,216	PER BOOKS
IHA HEALTH SERVICES CORPORATION	C	856,020	PER BOOKS
IHA HEALTH SERVICES CORPORATION	M	27,334,316	PER BOOKS
IHA HEALTH SERVICES CORPORATION	P	26,896,123	PER BOOKS
IHA HEALTH SERVICES CORPORATION	Q	5,171,617	PER BOOKS
WOODLAND IMAGING CENTER LLC	K	583,943	PER BOOKS
WOODLAND IMAGING CENTER LLC	L	82,484	PER BOOKS
WOODLAND IMAGING CENTER LLC	M	4,772,047	PER BOOKS
WOODLAND IMAGING CENTER LLC	Q	1,033,663	PER BOOKS
HURON ARBOR CORPORATION	K	1,475,786	PER BOOKS
HURON ARBOR CORPORATION	Q	1,050,479	PER BOOKS
TRINITY CONTINUING CARE SERVICES	Q	782,849	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	159,716	PER BOOKS
TRINITY HEALTH CORPORATION	B	61,863,064	PER BOOKS
TRINITY HEALTH CORPORATION	C	77,154	PER BOOKS
TRINITY HEALTH CORPORATION	M	204,956,330	PER BOOKS
TRINITY HEALTH CORPORATION	P	52,710,352	PER BOOKS
TRINITY HEALTH CORPORATION	Q	20,234,736	PER BOOKS
TRINITY HEALTH CORPORATION	R	33,035,562	PER BOOKS
MERCY HEALTH PARTNERS	C	533,075	PER BOOKS
MERCY HEALTH PARTNERS	L	2,902,329	PER BOOKS
MERCY HEALTH PARTNERS	M	1,195,224	PER BOOKS
MERCY HEALTH PARTNERS	Q	8,706,426	PER BOOKS
SIXTY FOURTH STREET LLC	C	63,750	PER BOOKS

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	M	279,571	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	1,139,165	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	Q	1,804,579	PER BOOKS
SAINT MARY'S FOUNDATION	B	891,369	PER BOOKS
SAINT MARY'S FOUNDATION	L	158,296	PER BOOKS
WESTSHORE HEALTH NETWORK	L	450,474	PER BOOKS
WESTSHORE HEALTH NETWORK	Q	833,110	PER BOOKS
CENTER FOR DIGESTIVE CARE LLC	C	2,463,650	PER TAX RETURN
WOODLAND IMAGING CENTER LLC	C	2,062,115	PER TAX RETURN
ADVENT REHABILITATION LLC	C	575,000	PER TAX RETURN
FRANCES WARDE MEDICAL LABORATORY	C	150,628	PER TAX RETURN
SAINT MARY'S FOUNDATION	C	1,046,918	PER BOOKS
MISSION HEALTH CORPORATION	S	300,000	PER BOOKS
MISSION HEALTH CORPORATION	K	116,291	PER BOOKS