

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 2,683,853,943

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

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW.TRINITY-HEALTH.ORG

K Form of organization
Corporation
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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: MICHAEL GUSHO, TREASURER
Date: 2020-07-14

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 \$ 2,347,333,793 including grants of \$ 4,161,851) (Revenue \$ 2,493,764,653)
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 ▶ 2,347,333,793

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2,480
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	20,176			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BETH GDOWIK 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-1400

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										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		6,872,405	21,671,208

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,026

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
GRANGER CONSTRUCTION COMPANY 39475 W 13 MILE RD STE 100 NOVI, MI 48377	CONSTRUCTION SERVICES	16,769,131
RONCELLI INC 6471 METROPOLITAN PKWY STERLING HEIGHTS, MI 48312	CONSTRUCTION SERVICES	8,661,159
EMERGENCY PHYSICIANS MEDICAL GROUP 2000 GREEN RD STE 300 ANN ARBOR, MI 48105	HEALTH CARE SERVICES	6,865,384
KASCO 226 E HUDSON AVE ROYAL OAK, MI 48067	CONSTRUCTION SERVICES	5,905,475
TRIANGLE ASSOCIATES 3769 3 MILE RD NW GRAND RAPIDS, MI 49534	CONSTRUCTION SERVICES	5,460,233

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 ▶ 292

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 50,651			
	b Membership dues	1b			
	c Fundraising events	1c 1,336,647			
	d Related organizations	1d 3,573,987			
	e Government grants (contributions)	1e 6,457,464			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 26,650,627			
	g Noncash contributions included in lines 1a - 1f \$	126,643			
	h Total. Add lines 1a-1f		38,069,376		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		622110	2,307,793,656	2,307,793,656		
b PHARMACY REVENUE		446110	158,998,470	122,713,799	36,284,671		
c LABORATORY REVENUE		621500	24,183,700	1,654,526	22,529,174		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				2,490,975,826			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,598,384			30,598,384
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		9,870,690					
	b Less rental expenses	8,562,358					
	c Rental income or (loss)	1,308,332					
	d Net rental income or (loss)			1,308,332			1,308,332
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		34,673,427	432,373				
	b Less cost or other basis and sales expenses	0	346,366				
	c Gain or (loss)	34,673,427	86,007				
	d Net gain or (loss)			34,759,434			34,759,434
	8a Gross income from fundraising events (not including \$ 1,336,647 of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b	473,049				
c Net income or (loss) from fundraising events		823,558					
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
		4,961,736					
b Less cost of goods sold	b	2,799,119					
c Net income or (loss) from sales of inventory			2,162,617			2,162,617	
Miscellaneous Revenue	Business Code						
11a CAFETERIA REVENUE	722514		12,194,066			12,194,066	
b PROVIDER INCENTIVE	622110		4,518,307	4,518,307			
c GOV'T SUBSIDY-EHR	622110		122,986	122,986			
d All other revenue			56,963,723	56,961,379	2,344		
e Total. Add lines 11a-11d			73,799,082				
12 Total revenue. See Instructions			2,671,322,542	2,493,764,653	58,816,189	80,672,324	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,056,366	4,056,366		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	105,485	105,485		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,621,729		9,621,729	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,232,717	162,772	1,069,945	
7 Other salaries and wages	913,006,942	860,849,309	50,097,947	2,059,686
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,171,536	26,591,465	1,580,071	
9 Other employee benefits	77,701,421	72,950,945	4,538,513	211,963
10 Payroll taxes	63,089,826	58,850,156	4,099,256	140,414
11 Fees for services (non-employees)				
a Management	489,397	457,528	31,869	
b Legal	2,302,630		2,302,630	
c Accounting	1,053		1,053	
d Lobbying	160,257		160,257	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,600,018		2,600,018	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	174,765,958	167,680,618	5,920,273	1,165,067
12 Advertising and promotion	11,797,490	11,026,023	768,027	3,440
13 Office expenses	22,868,933	21,306,979	1,484,155	77,799
14 Information technology	96,052,577	89,797,649	6,254,928	
15 Royalties				
16 Occupancy	47,062,296	43,968,047	3,062,630	31,619
17 Travel	2,010,215	1,868,226	130,133	11,856
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,311,880	3,079,176	214,483	18,221
20 Interest	31,693,621	31,693,621		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,084,886	126,283,201	8,796,359	5,326
23 Insurance	12,630,969	11,808,442	822,527	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES EXP	510,923,547	510,923,547		
b I/C PURCHASED SERVICES	129,144,856	120,734,765	8,409,878	213
c HOSPITAL PROVIDER TAX	68,280,362	68,280,362		
d BAD DEBT EXPENSE	62,294,139	62,294,139		
e All other expenses	56,389,617	52,564,972	3,768,969	55,676
25 Total functional expenses. Add lines 1 through 24e	2,466,850,723	2,347,333,793	115,735,650	3,781,280
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,758,136	1	3,813,145
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,807,043	3	28,923,402
	4 Accounts receivable, net	308,888,889	4	297,587,498
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	85,384,924	7	151,870,232
	8 Inventories for sale or use	40,081,816	8	38,687,447
	9 Prepaid expenses and deferred charges	14,986,861	9	17,681,142
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,729,261,441		
	b Less accumulated depreciation	10b 1,595,051,736	1,199,148,565	10c 1,134,209,705
	11 Investments—publicly traded securities	1,047,018,621	11	1,103,701,481
	12 Investments—other securities See Part IV, line 11	660,049,817	12	696,433,087
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	33,470,101	14	32,277,836
	15 Other assets See Part IV, line 11	299,934,371	15	222,299,469
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,702,529,144	16	3,727,484,444	
Liabilities	17 Accounts payable and accrued expenses	246,444,662	17	250,825,441
	18 Grants payable		18	
	19 Deferred revenue	55,248,203	19	1,690,502
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,438,732	23	15,649,980
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	888,073,337	25	883,775,717
	26 Total liabilities. Add lines 17 through 25	1,207,204,934	26	1,151,941,640
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,437,579,985	27	2,502,772,522
	28 Temporarily restricted net assets	38,219,249	28	50,895,938
	29 Permanently restricted net assets	19,524,976	29	21,874,344
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,495,324,210	33	2,575,542,804	
34 Total liabilities and net assets/fund balances	3,702,529,144	34	3,727,484,444	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,671,322,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,466,850,723
3	Revenue less expenses Subtract line 2 from line 1	3	204,471,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,495,324,210
5	Net unrealized gains (losses) on investments	5	30,423,894
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-154,677,119
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,575,542,804

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 38-2113393

Name: TRINITY HEALTH - MICHIGAN

Form 990 (2018)

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 FIVE HOSPITALS ACROSS MICHIGAN, CONTAINING 1,533 STAFFED BEDS, AS WELL AS OUTPATIENT HEALTH CENTERS, URGENT CARE FACILITIES, PHYSICIAN OFFICES AND SPECIALTY CENTERS, AND COMMUNITY OUTREACH SITES. DURING FISCAL YEAR 2019, TH-MI HOSPITALS' EMPLOYEES, PHYSICIANS AND VOLUNTEERS PROVIDED OVER 399,000 DAYS OF CARE, AND PROVIDED HEALTH CARE SERVICES FOR OVER 2.8 MILLION OUTPATIENT VISITS, AND OVER 318,000 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 2019, TH-MI HOSPITALS PROVIDED OVER \$142 MILLION 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.MERCYHEALTH.COM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT CASALOU DIRECTOR, PRESIDENT & CEO-MICH REGION	53 00 2 00	X		X				0	1,452,780	69,808
JAMES WOODS DIRECTOR, CHAIR AS OF 1/19	2 00 2 00	X		X				0	0	0
JOSE INFANTE DIRECTOR, CHAIR THROUGH 12/18	2 00 2 00	X		X				0	0	0
DALE NESBARY PHD DIRECTOR, VICE CHAIR AS OF 1/19	2 00 2 00	X		X				0	0	0
RENNY ABRAHAM MD DIRECTOR THROUGH 12/18	2 00 0 00	X						0	0	0
WAYMAN BRITT DIRECTOR AS OF 3/19	2 00 2 00	X						0	0	0
TIMOTHY CAUGHLIN DIRECTOR THROUGH 12/18	2 00 0 00	X						0	0	0
DONNA DOLEMAN DIRECTOR	2 00 2 00	X						0	0	0
MICHAEL DORSEY MD DIRECTOR THROUGH 12/18	2 00 0 00	X						0	0	0
F JOSEPH FLECK DIRECTOR THROUGH 12/18	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			
JAN GARFINKLE DIRECTOR	2 00	X						0	0	0
MICHAEL GLUHANICH DIRECTOR THROUGH 12/18	2 00	X						0	0	0
LUANN HANNASCH RSM DIRECTOR	2 00	X						0	0	0
EDMUND HODGE DIRECTOR AS OF 1/19, TH EVP, CHRO	2 00 53 00	X						0	1,034,765	235,341
NELSON JACOBSON DIRECTOR THROUGH 12/18	2 00	X						0	0	0
CAMILLE JOURDEN-MARK DIRECTOR THROUGH 12/18	2 00	X						0	0	0
MARY FRANCIS LEWANDOWSKI CSSF DIRECTOR	2 00	X						0	0	0
SPENCER MAIDLOW DIRECTOR	2 00	X						0	0	0
JEAN NAGELKERK PHD DIRECTOR	2 00	X						0	0	0
JERRY NORCIA DIRECTOR THROUGH 12/18	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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
CANETTA REID DIRECTOR	2 00	X						0	0	0
KENNETH SIKKEMA DIRECTOR THROUGH 12/18	2 00	X						0	0	0
DAVID STEINBERGER MD DIRECTOR	2 00	X						0	0	0
LINDA THIEL OP DIRECTOR THROUGH 12/18	2 00	X						0	0	0
TONYA WELLS DIR THR 12/18, TH VP FED ADVOCACY	2 00 48 00	X						0	277,803	47,956
TERRENCE WRIGHT MD DIRECTOR	2 00	X						0	0	0
STEPHEN ZONCA MD DIRECTOR THROUGH 12/18	2 00	X						0	0	0
HOWARD ZUCKERMAN DIRECTOR THROUGH 12/18	2 00 0 00	X						0	0	0
SALLY GUINDI SECRETARY, GEN COUNSEL-MICHIGAN	25 00			X				0	462,156	49,756
CAROL TARNOWSKY ASST SEC THR 12/18, MI DPTY GEN CSL	25 00			X				0	384,286	28,423

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL GUSHO TREASURER, CFO-MICHIGAN REGION	26 00			X				0	700,075	139,526
DAVID SPIVEY PRES & CEO ST MARY MERCY LIVONIA	54 00				X			0	838,950	51,186
BILL MANNS PRES MHSM THR 9/18,PRES SJM AA 10/18	52 00				X			0	743,682	40,082
ROSALIE TOCCO-BRADLEY MD CMO ST JOS MERCY ANN ARBOR, LIVINGS	50 00				X			0	643,336	133,562
SHANNON STRIEBICH PRESIDENT ST JOSEPH MERCY OAKLAND	55 00				X			0	589,512	47,323
DAVID BAUMGARTNER MD MHSM CMO THR9/18,INT PRES 10/18-4/19	50 00				X			0	542,987	49,248
MATT BIERSACK MD INTERIM CMO MHSM AS OF 11/18	25 00				X			0	380,820	34,329
FABIAN FREGOLI MD CMO ST JOSEPH MERCY OAKLAND	50 00				X			13,659	456,859	34,695
DAVID MCEWEN COO MERCY HEALTH ST MARY'S	50 00				X			0	445,935	39,417
MICHAEL GRISDELA VP FIN WEST MARKET,SE MICH THR 12/18	48 00				X			0	381,456	43,506

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			
MATTHEW GRIFFIN MD CMO ST MARY MERCY LIVONIA	50 00 0 00				X			0	374,988	41,789
JOHN O'MALLEY PRES, ST JOSEPH MERCY LIVINGSTON	55 00 0 00				X			0	374,126	77,041
ALONZO LEWIS INT PRES SJ MERCY AA THR 10/18, COO	55 00 0 00				X			363,883	0	37,963
MICHAEL SAMYN VP FINANCE EAST MARKET	50 00 0 00				X			0	344,483	44,171
DANIEL GREEN VP FINANCE MERCY HEALTH ST MARY'S	48 00 2 00				X			8,835	324,625	41,234
SARAH GILBERT VP OPS ST MARY MERCY LIVONIA	50 00 0 00				X			233,857	0	31,980
FRANK SAWYER SENIOR VP, OPERATIONS OAKLAND	50 00 0 00				X			306,599	0	32,426
LAWRENCE RAPP MD NEUROSURGEON (OAKLAND)	50 00 0 00					X		1,520,553	0	35,512
YOAV RITTER DO NEUROSURGEON (OAKLAND)	50 00 0 00					X		1,218,691	0	37,869
AHMAD ISSAWI MD NEUROSURGEON (SJMHS)	50 00 0 00					X		1,171,365	0	33,574

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			
JASON BRODKEY MD NEUROSURGEON (SJMHS)	50 00 0 00					X		1,073,724	0	44,471
GEORGE GIBSON DO ORTHOPEDIC SURGEON (SJMHS)	50 00 0 00					X		961,239	0	27,492
GARY ALLORE FORMER OFFICER, PRES MH MUSKEGON	0 00 55 00						X	0	567,370	48,278
BENJAMIN CARTER FORMER OFFICER, TRINITY EVP, CFO	0 00 55 00						X	0	1,665,531	67,211
CYNTHIA CLEMENCE FMR OFFICER, TRINITY SVP, OPS CFO	0 00 55 00					X		0	1,041,751	60,860
PAUL NEUMANN FMR OFFCR, TH CHF LEGAL OFF THR 8/18	0 00 55 00					X		0	1,229,277	556,844
RICHARD GILFILLAN FORMER OFFICER, TH PRESIDENT & CEO	0 00 55 00					X		0	2,823,784	127,974
MARY NEFF FORMER KEY EMP, VP LABOR & CLIN OPS	0 00 50 00					X		0	179,120	33,082
JACQUELINE PRIMEAU FORMER KEY EMPLOYEE, TH VP, M&A	0 00 50 00					X		0	238,190	26,995
KATHLEEN O'CONNOR FORMER KEY EMP, DIR DECISION SUPPORT	0 00 50 00					X		0	218,073	28,829

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 38-2113393

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization TRINITY 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		112,335
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		160,257
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			272,592
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	TRINITY 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 2019 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDE GOAL 1 IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES EXPAND & SECURE COVERAGE -MEDICAID -HEALTH INSURANCE MARKETPLACE -PRE-EXISTING CONDITIONS ADVANCE VALUE-BASED CARE -HOLD PROVIDERS ACCOUNTABLE TO HEALTH OUTCOMES -WORKFORCE -TELEHEALTH -PALLIATIVE CARE ENSURE POPULATION BEHAVIORAL HEALTH -CARE MODELS -PRIVACY -ACCESS -SUD/OPIOID ADDRESS SOCIAL INFLUENCERS OF HEALTH -INCOME -HOUSING -ENVIRONMENT -EDUCATION -FOOD -VIOLENCE -EMPLOYMENT -TRANSPORTATION PROTECT 340B DRUG SAVINGS PROGRAM -ENSURE SAVINGS ENABLING HOSPITALS IN VULNERABLE COMMUNITIES TO PROVIDE COMPREHENSIVE SERVICES GOAL 2 SUSTAINING THE CATHOLIC HEALTH MINISTRY BY PROTECTING TAX EXEMPTION & FAIR PAYMENT, INCLUDING SURPRISE BILLING 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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	22,033,634	20,913,371	19,154,684	19,561,547	17,198,931
b Contributions	944,923	41,203	-163,975	804,151	2,024,963
c Net investment earnings, gains, and losses	1,775,131	1,340,233	1,958,733	-325,670	336,668
d Grants or scholarships					
e Other expenditures for facilities and programs	2,774,330	159,159		729,527	-229,498
f Administrative expenses	105,014	102,014	36,071	155,817	228,513
g End of year balance	21,874,344	22,033,634	20,913,371	19,154,684	19,561,547

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | 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
1a Land		48,788,463		48,788,463
b Buildings		1,420,248,171	702,046,314	718,201,857
c Leasehold improvements		108,588,163	45,711,514	62,876,649
d Equipment		1,124,957,172	847,288,419	277,668,753
e Other		26,679,472	5,489	26,673,983
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,134,209,705

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	214,287,104	F
(B) EQUITY METHOD INVESTMENTS	339,287,914	C
(C) HEDGE FUNDS	142,858,069	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	696,433,087	

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

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

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	19,181,102
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	45,790,998
(3) INVESTMENT IN UNCONSOLIDATED AFFILIATES	22,159,568
(4) INTERCOMPANY OTHER LT ASSETS	134,616,993
(5) OTHER LONG-TERM ASSETS	550,808
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	222,299,469

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	78,361,528
DEFERRED COMPENSATION	13,222,081
ASSET RETIREMENT OBLIGATION (FIN 47)	1,993,080
ANNUITIES PAYABLE	1,086,848
INTERCOMPANY NOTES PAYABLE	782,996,047
OTHER CURRENT LIABILITIES	3,224,291
OTHER LONG-TERM LIABILITIES	1,841,550
LEASE OBLIGATION	1,050,292
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	883,775,717

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	78,361,528
DEFERRED COMPENSATION	13,222,081
ASSET RETIREMENT OBLIGATION (FIN 47)	1,993,080
ANNUITIES PAYABLE	1,086,848
INTERCOMPANY NOTES PAYABLE	782,996,047
OTHER CURRENT LIABILITIES	3,224,291
OTHER LONG-TERM LIABILITIES	1,841,550
LEASE OBLIGATION	1,050,292

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

2018

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.

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

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

MI

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		HOLIDAY BALL -ANN ARBOR (event type)	GALA - LIVONIA (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,079,888	286,751	443,057	1,809,696
2	Less Contributions	760,289	200,801	375,557	1,336,647
3	Gross income (line 1 minus line 2)	319,599	85,950	67,500	473,049
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	70,681	8,178	11,594	90,453
	7 Food and beverages	197,361	49,607	63,942	310,910
	8 Entertainment	24,146	8,500	10,875	43,521
	9 Other direct expenses	211,010	101,088	66,576	378,674
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-350,509

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	%
b	An outside facility	13b	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 ▶ \$ 1,265

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

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 TRINITY HEALTH - MICHIGAN

Employer identification number
 38-2113393

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 _____ %	3a Yes	
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 _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	2	12,620	16,213,204		16,213,204	0.670 %
b Medicaid (from Worksheet 3, column a)	2	164,142	321,782,253	260,623,146	61,159,107	2.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	9	820	9,035,711	7,493,243	1,542,468	0.060 %
d Total Financial Assistance and Means-Tested Government Programs	13	177,582	347,031,168	268,116,389	78,914,779	3.270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	45	81,572	6,371,327	788,549	5,582,778	0.230 %
f Health professions education (from Worksheet 5)	3	452	92,152,640	55,895,653	36,256,987	1.510 %
g Subsidized health services (from Worksheet 6)	16	113,048	45,636,004	29,391,127	16,244,877	0.680 %
h Research (from Worksheet 7)			7,789,393	4,626,937	3,162,456	0.130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	9	2,597	2,380,729	34,875	2,345,854	0.100 %
j Total Other Benefits	73	197,669	154,330,093	90,737,141	63,592,952	2.650 %
k Total Add lines 7d and 7j	86	375,251	501,361,261	358,853,530	142,507,731	5.920 %

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	125	3,604		3,604	0 %
7 Community health improvement advocacy						
8 Workforce development	2		43,182		43,182	0 %
9 Other						
10 Total	3	125	46,786		46,786	0 %

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	525,119,966
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	513,287,435
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	11,832,531
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 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 %		42 770 %
6 WATERFORD SURGICAL CENTER LLC	SURGICAL CENTER	20 000 %		67 500 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

5

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b, covering topics like licensing, CHNA, website availability, and implementation strategies.

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			
13	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	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<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
23		No
24		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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY HEALTH 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		
13	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	13 Yes	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<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
23		No
24		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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

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		
13	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	13 Yes	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW STJOESOAKLAND ORG/SJMO-PFS</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <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			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <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			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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		
13	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	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<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
23		No
24		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): _____ **5** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

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			
13	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	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW STJOESANNARBOR ORG/FA</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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? 101

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	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 SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$62,294,139, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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 IN COLLABORATION WITH LIVONIA PUBLIC SCHOOLS, SMML ENGAGED IN WORK TO IMPROVE/INCREASE EDUCATION AND SKILLS TRAINING FOR FUTURE EMPLOYMENT BY PROVIDING STUDENT JOB RESPONSIBILITIES FOR THE LIVONIA PUBLIC SCHOOLS, LIVONIA TRANSITION PROGRAM FOR STUDENTS AGES 18-26 SEEKING CERTIFICATION AND EXPANDING THE JOB MARKET AND DEVELOPMENT RECRUITMENT PARTNERSHIPS WITH A HIGHLY QUALIFIED WORKFORCE SMML PARTICIPATED IN THE LIVONIA SAVE OUR YOUTH COALITION AND SUPPORTED WORK TO REDUCE THE STIGMA OF SUBSTANCE USE DISORDER AND MENTAL HEALTH

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

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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

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Form and Line Reference	Explanation
PART III, LINE 4	<p>TH-MI IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS "THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED FOR PATIENT ACCOUNTS RECEIVABLE RESULTING FROM REVENUE RECOGNIZED PRIOR TO JULY 1, 2018, PATIENT ACCOUNTS RECEIVABLE WERE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED PRIOR TO THIS DATE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS ESTABLISHED TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE GENERALLY, THIS ALLOWANCE WAS ESTIMATED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYER UNDER THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE ("ASU") NO 2014-09 "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)," WHICH WAS ADOPTED EFFECTIVE JULY 1, 2018, AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE FOR PATIENT ACCOUNTS RECEIVABLE SUBSEQUENT TO THE ADOPTION OF ASU NO 2014-09 ON JULY 1, 2018, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION</p>

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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

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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

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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

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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 [NAME OF REPORTING ENTITY] 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. COMBINED, THESE HOSPITALS ARE LICENSED FOR 1,726 INPATIENT BEDS. THE SJMAA SERVICE AREA IS DEFINED AS THE POPULATION OF WASHTENAW COUNTY. WASHTENAW COUNTY IS ESTIMATED TO HAVE A POPULATION OF 358,081 AS OF DECEMBER 2014 (SEMCOG). THE POPULATION UNDER AGE 18 HAS CONSISTENTLY DECLINED OVER THE PAST FOUR YEARS WHILE THE OVER-65 POPULATION HAS GROWN. IN 2014, 12% OF THE 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 SIGNIFICANTLY CONNECTED WITH INCOME LEVEL AND POVERTY. IN WASHTENAW COUNTY, THE MEDIAN HOUSEHOLD INCOME IS \$60,805. THIS IS SIGNIFICANTLY HIGHER THAN THE MEDIAN INCOME OF MICHIGAN IN GENERAL, 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 DEMONSTRATES THAT THERE ARE SPECIFIC AREAS OF WASHTENAW COUNTY THAT ARE EXPERIENCING HIGHER RATES OF POVERTY COMPARED TO THE REST OF THE COUNTY AND THE STATE. MERCY HEALTH SAINT MARY'S GRAND RAPIDS KENT COUNTY IS CONSIDERED THE PRIMARY MARKET AREA OF MHSM. KENT COUNTY IS LOCATED 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. GRAND RAPIDS IS THE COUNTY SEAT AND IS 30 MILES FROM LAKE MICHIGAN. THE HEALTH CARE RESOURCES IN KENT COUNTY INCLUDE MERCY HEALTH SAINT MARY'S, METROPOLITAN HEALTH (UNIVERSITY OF MICHIGAN HEALTH), SPECTRUM HEALTH-BUTTERWORTH CAMPUS, SPECTRUM HEALTH-BLODGETT CAMPUS, PINE REST CHRISTIAN MENTAL HEALTH SERVICES, AND MARY FREE BED REHABILITATION HOSPITAL. IN ADDITION, THE HEALTH DEPARTMENT OPERATES SIX PUBLIC HEALTH CLINICS THROUGHOUT THE COUNTY THAT OFFER PERSONAL HEALTH SERVICES. THERE WERE AN ESTIMATED 653,786 PEOPLE RESIDING IN KENT COUNTY AS OF JULY 1, 2018. THE MEDIAN HOUSEHOLD INCOME FOR KENT COUNTY IS \$57,302 WITH 10.4% OF RESIDENTS LIVING IN POVERTY. TWENTY-FOUR PERCENT (24.1%) OF THE POPULATION IS BELOW THE AGE OF 18 AND 13.7% IS 65 YEARS OF AGE AND OLDER. EIGHTY-TWO PERCENT (82.3%) OF THE POPULATION IS WHITE, 10.5% BLACK, AND 10.7% LATINO. EIGHTY-NINE PERCENT (89.8%) ARE HIGH SCHOOL GRADUATES AND 34.7% HAVE A BACHELOR'S DEGREE OR HIGHER. AS OF AUGUST 2019, THE UNEMPLOYMENT RATE IS 3.1%, UP FROM 2.7% FROM AUGUST 2018. ST JOSEPH MERCY OAKLAND (PONTIAC) THE GEOGRAPHIC BOUNDARY FOR SJMO ENCOMPASSES THE COMBINED GEOGRAPHY OF OAKLAND COUNTY. THE HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS THE CONTIGUOUS ZIP CODES WHERE 80% OF THE HOSPITAL'S ADMISSIONS ORIGINATE. THE PRIMARY SERVICE AREA OF 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 COUNTY, WITH APPROXIMATELY 1.2 MILLION RESIDENTS IN 62 CITIES, VILLAGES, AND TOWNSHIPS. THE ROBERT 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 UNDER SERVED 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. PONTIAC IS A MIDWEST POSTINDUSTRIAL COMMUNITY. RESIDENTS LEFT THIS ONCE-THRIVING CITY DUE TO A DIMINISHING 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 AND CHRYSLER LEFT THE CITY IN A FINANCIAL CRISIS. UNEMPLOYMENT SOARED, TAX REVENUES DECLINED, AND THE LOCAL GOVERNMENT CUT ESSENTIAL SERVICES. PONTIAC IS A UNIQUE COMMUNITY NOT BECAUSE IT IS PLAGUED BY EXCESSIVE POVERTY BUT BECAUSE IT IS SURROUNDED BY AFFLUENT COMMUNITIES, CREATING A SILO OF UNDERSERVED RESIDENTS. PONTIAC IS THE ONLY FEDERALLY DESIGNATED MEDICALLY UNDERSERVED COMMUNITY IN OAKLAND COUNTY SINCE 1994. ST MARY MERCY LIVONIA, LOCATED IN WESTERN WAYNE 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, REDFORD, FARMINGTON HILLS, AND FARMINGTON. THE MAJORITY OF THESE CITIES ARE LOCATED</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>IN WESTERN WAYNE COUNTY, HOWEVER, FARMINGTON HILLS LIES WITHIN SOUTHERN OAKLAND COUNTY LINES WHEN THE CHNA WAS COMPLETED, THE POPULATION FOR THESE COMMUNITIES WAS 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 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, SHIAWASSEE, 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.</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) THE WASHTENAW HEALTH PLAN (WHP) REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW CO UNTY, THE UNIVERSITY OF MICHIGAN AND SJMHS TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR TH E MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY SJMHS SUPPORTS THIS PROGRAM BY PRO VIDING STAFF SUPPORT TO HELP PATIENTS GAIN ACCESS TO A MEDICAL HOME THE HOSPITALS ALSO PR OVIDE 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 SE RVICE 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 DE LONIS CENTER IN DOWNTOWN ANN ARBOR THIS CENTER PROVIDES NEEDED ACCOMMODATIONS FOR THE HOM ELESS, 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 W ORKING TO FUND SOCIAL SERVICES AGENCIES ACROSS COMMUNITY-LEVEL OUTCOMES IN THE AGING, SAFE TY NET HEALTH, CRADLE TO CAREER, NUTRITION, AND HOUSING AND HOMELESSNESS SECTORS SJMAA AL SO SUPPORTS AVALON HOUSING'S FUSE PROGRAM, WHICH PROVIDES CARE AND RESOURCES TO HOMELESS I NDIVIDUALS EXPERIENCING MENTAL HEALTH, SUBSTANCE USE DISORDER, AND CHRONIC ILLNESSES, BY S ECURING HOUSING AND NECESSARY SOCIAL SERVICES THROUGH A PERMANENT SUPPORTIVE HOUSING MODEL 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 P ROGRAMMING, BUILD NONPROFIT CAPACITY, AND FOSTER COMMUNITY COLLABORATION AND SYSTEMS-LEVEL CHANGE THE THREE DISTINCT COMPONENTS WITHIN THE MODEL (SECTOR LEADERS, PROGRAM OPERATION S FUNDING AND CAPACITY BUILDING GRANTS) ARE DESIGNED TO PREVENT GAPS AND AVOID REDUNDANCIE S IN SERVICES, WHILE STREAMLINING APPLICATION AND REPORTING PROCEDURES FOR GRANTEE S 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 A REAS OF BEHAVIORAL HEALTH AND OBESITY MERCY HEALTH SAINT MARY'S GRAND RAPIDS IN APRIL 201 6, MHSM OPENED A CONCIERGE MEDICINE DEPARTMENT WHICH PROVIDES 24/7 ACCESS TO A PRIMARY CAR E PHYSICIAN TO ALIGN WITH MHSM'S MISSION STATEMENT TO PROVIDE CARE FOR THE POOR AND UNDER SERVED, 10% OF THE REVENUE FROM THE CONCIERGE MEDICINE DEPARTMENT WILL BE REALLOCATED TO F UND PROGRAMS THAT SUPPORT THE POOR AND UNDERSERVED MEMBERS OF THE COMMUNITY IN FY19, THE TOTAL GRANT AMOUNT AWARDED WAS \$100,000 WHICH WAS GIFTED TO THREE COMMUNITY ORGANIZATIONS WITH PROGRAMS THAT ALIGN WITH MHSM'S CHNA IMPLEMENTATION STRATEGY THE FAMILY OUTREACH CENT ER WAS GRANTED \$20,000 TO PROVIDE BEHAVIORAL HEALTH TREATMENT AND SUPPORT SERVICES TO THOS E WHO ARE UNDOCUMENTED, UNINSURED, OR UNDERINSURED WITH LIMITED INCOME TO ACCOMPLISH THIS , BEHAVIORAL HEALTH COUNSELING WILL BE INTEGRATED WITH PRIMARY CARE SERVICES AT THREE COMM UNITY CLINICS SERVING VULNERABLE POPULATIONS THE INNER CITY CHRISTIAN FEDERATION (ICCF) RE CEIVED \$40,000 FOR RESIDENT ENGAGEMENT AND PERMANENT SUPPORTIVE HOUSING, WHICH RESULTED IN THE FOLLOWING INCREASED ATTENDANCE IN RESIDENT EVENTS, NEW PARTNERSHIPS WITH GRAAHI AND THE YWCA, WHO HELD 18 MENTAL HEALTH AWARENESS RELATED SESSIONS, PROVIDED 136 RESIDENTS WIT H CASE MANAGEMENT AND SUPPORTS SUCH AS HOUSING STABILITY, EDUCATION, CHILD CARE, EMPLOYMEN T, AND TRAUMA INFORMED CARE, AND MADE 120 REFERRALS TO OTHER COMMUNITY RESOURCES TO HELP P ROVIDE MENTAL HEALTH SUPPORTS FOR RESIDENTS THE GRAND RAPIDS AFRICAN AMERICAN HEALTH INSTI TUTE RECEIVED \$40,000 TO EXPAND ITS DIABETES EMPOWERMENT NETWORK THIS PROGRAM IS TARGETED TOWARD AFRICAN AMERICAN MEN AMONG WHOM THERE ARE EVIDENT RACIAL DISPARITIES REGARDING DIA BETES IN FY19, GRAAHI COMPLETED TWO FIVE-WEEK SESSIONS OF THE DIABETES EMPOWERMENT NETWOR K PROGRAM, WITH 12 MEN ATTENDING ALL FIVE CLASSES AND GRADUATING FROM EACH OF THE TWO COUR SES PARTICIPANTS WERE GIVEN A SELF-ASSESSMENT PRIOR TO CLASS, POST-TESTS SHOWED IMPROVED KNOWLEDGE ON DIABETES PREVENTION, SELF-MANAGEMENT AND NUTRITION TO ASSIST IN THEIR SELF-CA RE MANAGEMENT GOALS ST JOSEPH MERCY OAKLAND (PONTIAC) SJMO CONTINUES TO STRENGTHEN ITS S ENIOR FIT PROGRAM, EXPANDING TO SERVE MORE THAN 900 SENIORS IN 21 LOCATIONS ACROSS OAKLAND COUNTY, PROVIDING BASIC PRE AND POST HEALTH SCREENING, AND A THREE-TIMES-A-WEEK EXERCISE PROGRAM FOR SENIORS THIS PROGRAM SUPPORTS BOTH THEIR PHYSICAL AND EMOTIONAL HEALTH THROU GH THE MERCY SUPPORT PROGRAM, OVER 1,200 LOW-INCOME AND AT-RISK PERSONS WERE SERVED, WHILE MORE THAN 7,500 PATIENTS WERE SERVED THROUGH THE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>INDIGENT PROCUREMENTS AND MERCY SUPPORT PRESCRIPTION PROGRAMS AS A CERTIFIED "BABY-FRIENDL Y" HOSPITAL, WE ACTIVELY SUPPORT AND PROMOTE BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS A WEEKLY BREASTFEE DING SUPPORT GROUP CONTINUES TO BE OFFERED, SERVING OVER 200 MOTHERS THROUGH THE YEAR THE GROUP OFFERS SUPPORT AND ENCOURAGEMENT TO MOTHERS IN THE COMMUNITY WHO MAKE THE CHOICE TO BREASTFEED THE GROUP CONTINUES TO GROW AND IS WELL RECEIVED COMMUNITY HEALTH AND WELL-B EING WORKED WITH THE OAKLAND COUNTY BOARD OF COMMISSIONERS AND HEALTH AND PARKS DEPARTMENT S TO INITIATE A BAN ON SMOKING IN OAKLAND COUNTY PARKS THROUGH THE HEALTHY COMMUNITIES AND ENVIRONMENT SUBCOMMITTEE THIS EFFORT DID NOT RESULT IN A SMOKING BAN WITHIN THE COUNTY P ARKS BUT DID BRING SUBSTANTIAL ATTENTION AND FOCUS ON THE HEALTH CHALLENGES RELATED TO SMO KING AND INFLUENCE ON SMOKING AMONG YOUTH SJMO INTRODUCED THE PRESCRIPTION FOR HEALTH PROG RAM TO PATIENTS IN FY18 AS A GRANT FUNDED COMMUNITY PARTNER IN FY19, A SECOND PRESCRIPTIO N FOR HEALTH GRANT REQUEST WAS MADE TO THE CENTER FOR DISEASE CONTROL IN COLLABORATION WIT H OAKLAND UNIVERSITY AND OAKLAND COUNTY HEALTH DEPARTMENT THIS GRANT WAS AWARDED AND WILL BE INITIATED FOR TWO YEARS THROUGH FY21 THROUGH COMMUNITY HEALTH PROMOTION, A TEAM OF CO NTINGENT COMMUNITY HEALTH WORKERS (CHWS) HAS BEEN INTRODUCED TO DEPLOY SOCIAL DETERMINANT OF HEALTH SCREENINGS THESE CHWS UTILIZE A TECHNOLOGY CALLED "WELLOPP" TO SCREEN, IDENTIFY AND REFER THOSE IN NEED OF SOCIAL SUPPORT RESOURCES TO THE APPROPRIATE COMMUNITY AGENCIES THROUGH A CLOSED LOOP REFERRAL SYSTEM THE PROCESS OF IDENTIFYING AND SUPPORTING MARGINAL IZED PATIENTS WITH SOCIAL SUPPORT RESOURCES AIMS TO REDUCE READMISSIONS AND IMPROVE OVERAL L PATIENT HEALTH PREVENTION PRACTICES ST MARY MERCY LIVONIA SMML CONTINUED TO OFFER ROB UST INPATIENT BEHAVIORAL MEDICINE SERVICES TO RESPOND TO THE COMMUNITY NEEDS PSYCHIATRIC SOCIAL WORKERS IN EMERGENCY CARE ASSIST PATIENTS AND THEIR FAMILIES IN THE AUTHORIZATION P ROCESS FOR INPATIENT ADMISSION OR IN CONNECTING THEM WITH OUTPATIENT SERVICES AVAILABLE IN THE COMMUNITY COMPLEX CARE COORDINATORS WERE IMPLEMENTED IN THE AMBULATORY NETWORK AND T HROUGH THE EMERGENCY DEPARTMENT TO ASSIST WITH NAVIGATION SMML CONTINUED TO PROVIDE MEETIN G SPACE FOR A VARIETY OF SUBSTANCE USE DISORDER AND MENTAL HEALTH SUPPORT GROUPS, INCLUDIN G EMOTIONS ANONYMOUS THE HOSPITAL ALSO PROVIDED MEETING SPACE FOR OVEREATERS ANONYMOUS TO SUPPORT ADULTS IN THEIR EFFORTS TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT THE PEER RECOVER Y COACHING PROGRAM SERVED AS A CATALYST FOR BUDGET ALLOCATIONS IN THE MICHIGAN STATE BUDGE T THE FUNDS WERE USED TO ENHANCE THE ST MARY MERCY BEHAVIORAL HEALTH UNIT, SUCH AS ADDIT IONAL PEER RECOVERY COACH RESOURCES AS WELL AS SPECIALIZED TRAUMA THERAPY SMML ACTIVELY P ARTNERED WITH THE PUBLIC SAFETY DEPARTMENTS OF WESTERN WAYNE COUNTY AND LOCAL JUDICIARY EN TITIES, AS WELL AS COMMUNITY ORGANIZATIONS LIKE GROWTH WORKS TO DEVELOP A 'SAFETY NET' APP ROACH ENTITLED "WESTERN WAYNE RESCUE RECOVERY" THIS COLLABORATION WILL HELP CONNECT INDIV IDUALS WITH THE LEGAL AND MEDICAL RESOURCES THEY NEED TO HELP SUPPORT THEM ON THEIR JOURNE Y TO RECOVERY ST JOSEPH MERCY LIVINGSTON SJML ACTIVELY SUPPORTS COMMUNITY ENTITIES, INCLU DING LIVINGSTON COUNTY PUBLIC HEALTH, LIVINGSTON COUNTY CATHOLIC CHARITIES (WHICH HOUSES T HE LIVINGSTON COUNTY SUBSTANCE ABUSE PREVENTION COALITION), LIVINGSTON COUNTY COMMUNITY ME NTAL HEALTH, AND THE LOCAL HUMAN SERVICES COLLABORATIVE BODY SUPPORT FOR THESE ORGANIZATI ONS INCLUDES BUT IS NOT LIMITED TO SEATS ON VARIOUS BOARDS, SJML STAFF MEMBERS' PRESENCE AT WORKGROUPTS WITHIN COLLABORATIONS SUPPORTING THE WORK OF THESE AGENCIES, AND MONETARY OR IN-KIND STAFF TIME AT EVENTS PROMOTING HEALTH TO THE GENERAL PUBLIC SJML ALSO SUPPORTS T HE 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 HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON 1 REDUCING TOBACCO USE 2 REDUCING OBESITY PREVALENCE3 ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY HEALTH TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG</p>

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5		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 MERCYHEALTH 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 LIVINGSTON 620 BYRON RD HOWELL, MI 48843 WWW STJOESLIVINGSTON ORG LICENSE 1060000033	X	X		X			X			

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

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

Form and Line Reference	Explanation
ST JOSEPH MERCY ANN ARBOR	PART V, SECTION B, LINE 3J N/ALINE 3E ST JOSEPH MERCY ANN ARBOR (SJMAA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA THE FOLLOWING COMMUNITY HEALTH NEEDS FOR SJMAA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED 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 CHNA 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/ALINE 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 CHNA 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 ABUSE2 OBESITY/DIABETES3 HEART DISEASE4 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 CHNA THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 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 USE DISORDER (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 CHNA THE FOLLOWING COMMUNITY HEALTH NEEDS FOR SJML WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 OBESITY AND CARDIOVASCULAR DISEASE2 BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE) 3 HEALTH CARE ACCESS

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 FALL OF 2018, 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 THE HOSPITAL COLLABORATORS, NAMED UNIFIED NEEDS ASSESSMENT IMPLEMENTATION PLAN TEAM ENGAGEMENT (UNITE), SOUGHT QUALITATIVE INPUT FROM COMMUNITY MEMBERS AND KEY STAKEHOLDERS ON WHAT THE TOP COMMUNITY HEALTH NEEDS WERE, AS WELL AS BROADER COMMUNITY NEEDS UNITE MEMBERS COLLECTED THIS DATA IN PERSON AT MEETINGS OF WELLNESS COALITIONS, SAFETY-NET ORGANIZATIONS, FOOD PANTRIES, CIVIC CLUBS, MINISTERIAL ASSOCIATIONS, AND WASHTENAW HEALTH INITIATIVE STAKEHOLDERS THE HOSPITALS ALSO COLLECTED THIS DATA ELECTRONICALLY, VIA A SURVEY LINK SENT TO COMMUNITY PARTNERS (INCLUDING HEALTH CARE PROVIDERS, AS WELL AS SOCIAL SERVICE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS) THESE ORGANIZATIONS PROVIDING INPUT INCLUDED WASHTENAW COUNTY COMMUNITY MENTAL HEALTH, WASHTENAW COUNTY PUBLIC HEALTH, THE STUDENT ADVOCACY CENTER, FAITH IN ACTION, AND CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY THESE ORGANIZATIONS PROVIDE DIRECT SERVICES TO THE LOW-INCOME, MINORITY, AND MEDICALLY UNDERSERVED POPULATIONS IN THE SJMAA 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
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 WAS 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	<p>PART V, SECTION B, LINE 5 BETWEEN NOVEMBER 2017 AND APRIL 2018, SJMO CONSULTED MANY COMMUNITY ORGANIZATIONS AND THEIR REPRESENTATIVES TO GAIN INSIGHT ON THE BROAD INTERESTS OF THE COMMUNITY THE INDIVIDUALS REPRESENTED BY THE ORGANIZATIONS LISTED 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 THE SJMO COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS AVAILABLE TO COMMUNITY RESIDENTS IN ELECTRONIC AND PAPER FORMATS THE SURVEY CONSISTED OF 32 QUESTIONS THAT COVERED MATTERS RELEVANT TO HEALTH CONDITIONS, HEALTH CARE ACCESS, BEHAVIORS AND SOCIAL DETERMINANTS OF HEALTH THE SURVEY WAS DISTRIBUTED THROUGH A GRASS ROOTS EFFORT THAT EMPLOYED THE NETWORK AND CONTACTS OF LOCAL COMMUNITY ORGANIZATIONS THESE COMMUNITY GROUPS AND ORGANIZATIONS SPECIFICALLY TARGETED UNDERSERVED RESIDENTS AND INDIVIDUALS REFLECTING THE BROADER COMMUNITY AS WELL THERE WERE 721 SURVEYS COLLECTED OVER THE TWO MONTH PERIOD FROM FEBRUARY 1 THROUGH MARCH 31, 2018 SJMO ALSO FACILITATED TWO COMMUNITY FORUMS, THE FIRST AT THE PONTIAC PUBLIC LIBRARY ON THURSDAY, MARCH 29, 2018 AND THE SECOND AT WELCOME MISSIONARY BAPTIST CHURCH ON SATURDAY, APRIL 28, 2018 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 UNDERREPRESENTED MEMBERS OF THE SJMO 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 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 & COMMUNITY HEALTH, LIVONIA AND SOUTH REDFORD SCHOOL DISTRICTS, WAYNE HOPE CLINIC, MADONNA UNIVERSITY, JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION, PLYMOUTH COMMUNITY UNITED WAY, LEGAL HELP 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.

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 SJMAA CONDUCTED THE CHNA WITH 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 MHSM CONDUCTED THE CHNA WITH 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 ANN ARBOR	PART V, SECTION B, LINE 6B SJMAA CONDUCTED THE CHNA WITH THE WASHTENAW COUNTY HEALTH DEPARTMENT

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 MHSM CONDUCTED THE CHNA WITH 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 OAKLAND	PART V, SECTION B, LINE 6B SJMO CONDUCTED THE CHNA WITH THE OAKLAND COUNTY HEALTH DEPARTMENT

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 SJMAA SHARES 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 SJMAA HIGHLIGHTED ITS COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE SJMHS REGIONAL COMMUNITY HEALTH AND WELL-BEING REPORT AND CONTINUES TO DISTRIBUTE THE REPORT 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
ST JOSEPH MERCY OAKLAND	PART V, SECTION B, LINE 7D IN COLLABORATION WITH COMMUNITY BENEFIT FUNDING RECIPIENTS, SJMO REVIEWED QUARTERLY METRICS AND REPORTS FROM PARTNER AGENCIES TO TRACK PROGRESS MADE ON IMPLEMENTATION PLAN PROGRAMS AND SERVICES SJMO ALSO SHARED ITS CHNA WITH THE CITY OF PONTIAC AND OAKLAND COUNTY HEALTH DEPARTMENT 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 ALONG WITH ITS IMPLEMENTATION PARTNERS, SMML SHARES 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 HIGHLIGHTED ITS COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE SJMHS REGIONAL COMMUNITY HEALTH AND WELL-BEING REPORT AND CONTINUES TO DISTRIBUTE THE 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 LIVINGSTON	PART V, SECTION B, LINE 7D SJML SHARES 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 SJML HIGHLIGHTED ITS COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE SJMHS REGIONAL COMMUNITY HEALTH AND WELL-BEING REPORT AND CONTINUES TO DISTRIBUTE THE REPORT

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, THE COMMUNITY HEALTH NEEDS PRIORITIZED ARE MENTAL HEALTH AND SUBSTANCE USE, OBESITY-RELATED ILLNESSES, AND PRECONCEPTUAL/PERINATAL HEALTH THE HOSPITAL'S IMPLEMENTATION STRATEGY OUTLINES THE FOLLOWING EFFORTS FOR EACH SIGNIFICANT HEALTH NEED MENTAL HEALTH & SUBSTANCE USE - IN FY19, 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 OBESITY - IN FY19, 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 COMMUNITY SUPPORTED AGRICULTURE (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 PRECONCEPTUAL/PERINATAL HEALTH - IN FY19, 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 PRENATAL CARE IN A SUPPORTIVE ENVIRONMENT (IE CENTERING PREGNANCY),- SUPPORTING WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE ACHIEVEMENT OF BABY-FRIENDLY DESIGNATION,- OFFERING WOMEN AND THEIR PARTNERS OPPORTUNITIES TO BE PREP</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

ARED TO ENTER INTO PARENTHOOD THROUGH OFFERING BIRTH, BREASTFEEDING, AND PARENTING PREPARATORY COURSES, AND-SUPPORTING INCARCERATED WOMEN THROUGH PRENATAL, BIRTH, AND POSTNATAL SUP PORT THROUGH THE MICHIGAN PRISON DOULA INITIATIVE

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 2019, MHSM DIRECTLY ADDRESSED FOUR SIGNIFICANT HEALTH NEEDS MENTAL HEALTH, SUBSTANCE ABUSE, OBESITY AND POOR NUTRITION, AND DIABETES THE HOSPITAL'S IMPLEMENTATION STRATEGY OUTLINES THE FOLLOWING EFFORTS FOR EACH SIGNIFICANT HEALTH NEED MENTAL HEALTH - WITH THE GOAL TO REDUCE BARRIERS TO ACCESS MENTAL HEALTH SERVICES, THE HOSPITAL HAS BEGUN TO INTEGRATE MENTAL HEALTH SERVICES IN THE PRIMARY CARE SETTING THIS ALLOWS FOR A WARM TRANSITION FROM A TRUSTED MEDICAL PROVIDER TO A TRUSTED MENTAL HEALTH PROVIDER, ELIMINATING THE NEED FOR PATIENTS TO NAVIGATE THE COMPLICATED MENTAL HEALTH CARE SYSTEM ON THEIR OWN OFFERING INTEGRATED SERVICES ALSO REDUCES TRANSPORTATION BARRIERS FOR PATIENTS IN FY19, THREE ADDITIONAL PRIMARY CARE OFFICES BEGAN OFFERING MENTAL HEALTH SERVICES, FOR A TOTAL OF SEVEN, INCLUDING THE FQHC SITES PROVIDING 3,014 VISITS FOR MENTAL HEALTH SUBSTANCE ABUSE - THE ADDICTION MEDICINE PROGRAM PROVIDED MEDICALLY ASSISTED TREATMENT (MAT) AND/OR SUBSTANCE USE DISORDER SERVICES TO 309 PEOPLE (176 NEW AND 133 ALREADY ESTABLISHED PATIENTS) THE PROGRAM ALSO PROVIDED MENTAL HEALTH SERVICES SPECIFICALLY RELATED TO SUBSTANCE USE TO 349 PEOPLE (88 NEW AND 261 ALREADY ESTABLISHED PATIENTS) THE HOSPITAL HAS CONNECTED WITH THE MICHIGAN TOBACCO QUIT LINE TO EMBED REFERRAL SERVICES DIRECTLY INTO THE ELECTRONIC MEDICAL RECORD TO QUICKLY AND EASILY CONNECT PATIENTS IDENTIFIED AS NICOTINE USERS TO CESSATION RESOURCES WHILE PROVIDERS CAN REFER TO AND PATIENTS CAN ACCESS THE TOBACCO QUIT LINE THROUGH VARIOUS CHANNELS, THE DIRECT REFERRAL FROM PROVIDER TO SERVICE HAS PROVEN TO BE MOST EFFECTIVE IN TERMS OF ENGAGEMENT THIS WILL ALSO GIVE PROVIDERS ACCESS TO PERIODIC UPDATES REGARDING THE STATUS OF THE PATIENT ON THEIR CESSATION JOURNEY 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 WEIGHT MANAGEMENT RESOURCES IS INITIATED IN FY19, APPROXIMATELY 60% OF PATIENTS WHO WERE OVERWEIGHT OR OBESE RECEIVED EDUCATION OR A REFERRAL TO APPROPRIATE RESOURCES AN INTERNAL WORK GROUP WAS FORMED TO DISCOVER AND ADDRESS WHY THE SCREENING RATE WAS IN THE 90TH PERCENTILE, YET SOME PATIENTS WHO ARE OVERWEIGHT OR OBESE ARE NOT CONNECTED TO RESOURCES A SOLUTION WAS IDENTIFIED AND IMPLEMENTED IN THE ELECTRONIC MEDICAL RECORD AS A BETA TEST FOR ONE PROVIDER DURING THE SEVEN-WEEK BETA TEST, THE SCREENING AND FOLLOW-UP RATE FOR THIS PROVIDER IMPROVED BY 7% THIS SOLUTION WILL BE IMPLEMENTED IN TWO PILOT OFFICES AND WILL CONTINUE TO SPREAD ACROSS THE ORGANIZATION TO ENSURE PEOPLE HAVE ACCESS TO FRESH FOOD TO SUPPORT THEIR HEALTH, THE HOSPITAL PROVIDES VOUCHERS FOR PRODUCE TO INCENTIVIZE PROPER NUTRITION IN FY19, THE HOSPITAL PROVIDED 267 VOUCHERS SERVING 1,080 PEOPLE TO USE AT THE MOBILE AND COMMUNITY FARM MARKETS TO ACCESS FRESH PRODUCE, HEALTHY GRAINS, LEA</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>N MEATS AND DAIRY PRODUCTS THE HOSPITAL PROVIDES VARIOUS PHYSICAL ACTIVITY CLASSES THAT AR E OPEN TO THE COMMUNITY CLASSES RANGE FROM BEGINNERS YOGA TO CARDIO DRUMMING WITH A GOAL TO INCREASE COMMUNITY MEMBER PARTICIPATION FOR ALL COMMUNITY MEMBERS, SPECIAL ATTENTION I S BEING PAID TO OFFERING CLASSES THAT ARE INCLUSIVE AND ATTRACTIVE TO THOSE FROM ALL CULTU RES AND FITNESS LEVELS THE HOSPITAL HAS DISCUSSED PARTNERSHIPS WITH THE YMCA TO OFFER A W IDER RANGE OF PHYSICAL ACTIVITY CLASSES NEXT YEAR IN FY19, 52 COMMUNITY MEMBERS PARTICIPA TED IN THE ONSITE PHYSICAL ACTIVITY CLASSES, ACCOUNTING FOR 49% OF TOTAL CLASS PARTICIPATI ON FOOD INSECURITY AND MALNOURISHMENT ARE ALSO BEING ADDRESSED AS PART OF OBESITY AND POOR NUTRITION UTILIZING A STANDARD SCREENING TOOL TO ASSESS UNMET SOCIAL NEEDS, PATIENTS ARE SCREENED IN THE PRIMARY CARE SETTING ON AN ANNUAL BASIS IN FY19 A BASELINE OF 3% OF PATI ENTS ARE EXPERIENCING FOOD INSECURITY SIGNIFICANT TIME WAS SPENT IN FY19 PLANNING FOR MOR E ROBUST SCREENING OPPORTUNITIES (EMERGENCY DEPARTMENT, OB/GYN), ADDITIONAL SUPPORT EMBEDD ED IN THE PRIMARY CARE SETTING TO RESPOND TO THE NEEDS AS THEY ARE IDENTIFIED, AND HOW TO ADDRESS FOOD INSECURITY IN THE COMMUNITY DIABETES - WITH A GOAL TO REDUCE THE NUMBER OF TH OSE WHO HAVE OR ARE AT RISK FOR PREDIABETES THAT COULD DEVELOP INTO TYPE 2 DIABETES, PROVI DERS ARE USING THE EMBEDDED REFERRAL METHOD IN THE ELECTRONIC MEDICAL RECORD TO REFER PATI ENTS TO THE DIABETES PREVENTION PROGRAM OFFERED IN THE COMMUNITY IN FY19, THE HOSPITAL MA DE 204 REFERRALS TO THE PROGRAM AND HAD 85 PARTICIPANTS, RESULTING IN A 42% ENGAGEMENT RAT E (IMPROVED FROM 1% IN FY17) IN THIS PROGRAM, PATIENTS LOST AN AVERAGE OF 3 3% OF THEIR T OTAL BODY WEIGHT THE HOSPITAL ALSO FUNDED TWO COMMUNITY ORGANIZATIONS, THE HISPANIC CENTER OF WEST MICHIGAN AND THE NATIONAL KIDNEY FOUNDATION OF MICHIGAN, WITH A COMBINED GRANT OF \$70,000 TO ADDRESS DIABETES, POOR NUTRITION, HEALTH EDUCATION, TRAIN LIFE COACHES AND ENR OLLMENT IN FOOD ASSISTANCE PROGRAMS</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 MENTAL HEALTH/SUBSTANCE ABUSE - IN FY19, SJMO CREATED A MONTHLY SUPPORT GROUP FOR FAMILIES OF THOSE DIAGNOSED WITH A MENTAL ILLNESS SJMO CONTINUED TO CONTRIBUTE TOWARD IMPROVING ACCESS TO SUBSTANCE ABUSE TREATMENT AND SUPPORT FOR PATIENT COMPLIANCE SJMO WILL ADDRESS ACCESS TO CARE BARRIERS AND PROVIDE EDUCATION AND SUPPORT FOR PRIMARY CARE PROVIDERS TO ADDRESS BEHAVIORAL HEALTH NEEDS 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 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 OBESITY - SJMO IMPROVED THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES TO ADDRESS RISING OBESITY RATES IN ITS COMMUNITY IN FY19, SJMO CONTINUED MANY OBESITY PROGRAMS FROM FY18 AND ADDED ADDITIONAL INITIATIVES "BOOT CAMP" FOR MIDDLE SCHOOL GIRLS AND SUMMER CAMBERSHIPS FOR PONTIAC SCHOOL DISTRICT STUDENTS RETURNED IN FY19 THROUGH THESE PROGRAMS, OBESITY EDUCATION AND PREVENTION STRATEGIES TAUGHT YOUTH WITH HIGH OBESITY RISK AND LOW ACCESS TO PHYSICAL ACTIVITY OPPORTUNITIES HOW TO MANAGE STRESS, STAY ACTIVE, AND IMPROVE FRESH PRODUCE CONSUMPTION ADDITIONALLY, ALL PONTIAC PUBLIC SCHOOL TEACHERS RECEIVED A FREE MEMBERSHIP TO THE HOSPITAL'S WELLNESS CENTER OVER 900 AREA SENIORS PARTICIPATED IN "SENIOR FIT", A FREE EXERCISE CLASS SENIOR FIT PROGRAM SITE OFFERINGS INCREASED TO NOW INCLUDE 21 LOCATIONS AROUND OAKLAND COUNTY WE SEEK TO INCREASE COMMUNITY ACCESS TO NUTRITIOUS FOODS, OPPORTUNITIES FOR PHYSICAL ACTIVITY, AND EDUCATION ON HEALTHY LIVING IN VARIOUS COMMUNITY VENUES GLEANERS COOKING MATTERS, A 16-WEEK FRESH PRODUCE PREPARATION CLASS, RETURNED TO SJMO IN FY19 FOR THE FIRST TIME IN THREE YEARS, WHILE THE FRESH PRODUCE DISTRIBUTION PROGRAM SUPPORTED BY GLEANERS CONTINUES OFFERINGS THE FIRST MONDAY OF EACH MONTH THROUGHOUT THE YEAR ADDITIONAL FY19 OBESITY PROGRAMMING INCLUDES THE EASTERN MARKET POP UP PRODUCE STAND AND PRESCRIPTION FOR HEALTH, A PHYSICIAN ENGAGED FRESH PRODUCE AND PHYSICAL ACTIVITY INITIATIVE SUPPORTING DIABETES PREVENTION AND WEIGHT MANAGEMENT PRACTICES FOR SENIORS AND FAMILIES WITHIN OAKLAND COUNTY HEART DISEASE - SJMO WAS DESIGNATED AS THE FIRST THROMBECTOMY CAPABLE SITE IN THE STATE OF MICHIGAN THIS RESOURCE ALLOWED PHYSICIANS IN FY19 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, ARE CONDUCTED IN AN EFFECTIVE AND TIMELY MANNER IN FY19, SJMO ALSO RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATIONS' GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND TARGET STROKE HONOR ROLL ELITE PLUS AWARD THESE AWARDS ACKNOWLEDGE THE HOSPITALS COMMITMENT</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>TO ENSURING STOKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES HEART DISEASE WAS ALSO ADDRESSED INDIRECTLY THROUGH THE STRATEGIES FOR OBESITY ACCESS TO MATERNAL EDUCATION RESOURCES - IN FY19, SJMO WORKED TO IMPROVE COORDINATION AND ACCESS TO EXISTING COMMUNITY RESOURCES TO HELP ADDRESS MATERNAL HEALTH SUPPORT IN ITS SERVICE AREA BY -INTRODUCING COMMUNITY HEALTH WORKERS TO SUPPORT SJMO'S MOTHER BABY UNIT, WOMAN'S & CHILDREN'S CENTER, AND OBGYN AMBULATORY SITES NEW AND EXPEDITING MOTHERS WITH SOCIAL SUPPORT NEEDS ARE REFERRED TO A COMMUNITY HEALTH WORKER (CHW) FOR APPROPRIATE AGENCY REFERRALS A PARTNERSHIP WITH THE WOMAN'S, INFANTS, AND CHILDREN' S (WIC) PROGRAM WAS ALSO ESTABLISHED THROUGH THE OAKLAND COUNTY HEALTH DEPARTMENT TO FACILITATE DIRECT INPATIENT AND OUTPATIENT REFERRALS CLINICAL COLLEAGUE SUPPORT IN THE MATERNAL HEALTH DEPARTMENT ALSO FOCUS ON IMPROVEMENT OF EXCLUSIVE BREASTFEEDING EDUCATION OPPORTUNITIES AND TRAINING FOR COLLEAGUES BEYOND CLINICAL DEPARTMENTS TO ALSO INCLUDE ADMINISTRATIVE STAFF FOR EASE OF PATIENT ACCESS SJMO CONTINUES TO SUPPORT WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE PROCESS OF ACHIEVING AND MAINTAINING BABY-FRIENDLY DESIGNATION WHILE ALSO ESTABLISHING AND ADVOCATING FOR ADDITIONAL BREASTFEEDING ACCESS SITES WITHIN THE HOSPITAL AND COMMUNITY SJMO OFFERED WOMEN AND THEIR PARTNERS THE OPPORTUNITY TO PREPARE FOR PARENTHOOD BY OFFERING BIRTH, BREASTFEEDING, AND PARENTING COURSES, AND BY 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 PARTNERSHIP WITH "FREEDOM ROAD"</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>PART V, SECTION B, LINE 11 IN FISCAL YEAR 2019, SMML DIRECTLY ADDRESSED FIVE SIGNIFICANT HEALTH NEEDS HEALTHY EATING/NUTRITION, SUBSTANCE ABUSE, MENTAL HEALTH, ACCESS TO CARE, AND PHYSICAL ACTIVITY THE HOSPITAL'S IMPLEMENTATION STRATEGY OUTLINES THE FOLLOWING EFFORTS FOR EACH SIGNIFICANT HEALTH NEED HEALTHY EATING/NUTRITION - IN PARTNERSHIP WITH UNITED DAIRY INDUSTRY OF MICHIGAN (UDIM), MADONNA UNIVERSITY DIETETICS PROGRAM, AND SOUTH REDFORD SCHOOLS, ACTIVITIES ENCOURAGING INCREASED FRUIT AND VEGETABLE INTAKE WERE CONTINUED DURING THE 2018-19 SCHOOL YEAR AT A TARGETED SCHOOL, WITH THE GOAL OF REDUCING OBESITY THROUGH IMPROVED EATING HABITS THE ACTIVITIES INCLUDED PRESENTATIONS IN THIRD GRADE CLASSROOMS IN THE FALL AND WINTER, INCLUDING HEALTHY SNACK TASTINGS AND AN ACTIVITY AN ALL SCHOOL ASSEMBLY WAS ALSO CONDUCTED AT ONE OF THE SCHOOLS TO EDUCATE AND ENCOURAGE HEALTHY EATING AND PHYSICAL ACTIVITY ADDITIONALLY, THE EASTERN MARKET FARM STAND WAS OFFERED WEEKLY SUBSTANCE ABUSE - IN COLLABORATION WITH GROWTH WORKS, INC AND LIVONIA SAVE OUR YOUTH (LSOY), AN ADDICTION FORUM CONTINUED FOR THE FOURTH YEAR WITH THE INTENT TO REDUCE THE STIGMA, INCREASE THE DIALOGUE AROUND SUBSTANCE USE, AND ENCOURAGE TREATMENT THE HOSPITAL ADDRESSED TRANSACTIONS OF CARE THROUGH A CONTINUED COLLABORATION WITH GROWTH WORKS, INC TO IMPLEMENT A PEER RECOVERY PROGRAM TO ADDRESS OPIOID ADDICTION THE PROGRAM PROVIDED A TRAINED PEER COACH TO HELP THOSE WHO CONSENT THROUGH THE JOURNEY TO SOBRIETY SMML CONTINUED TO COLLABORATE WITH GROWTH WORKS, INC FOR FUNDING APPROPRIATIONS FROM THE STATE OF MICHIGAN THROUGH THE CONFERENCE OF WESTERN WAYNE (CWW), WHICH SUPPORTED ADDITIONAL EFFORTS PLANNED TO ADDRESS OPIOID ISSUES A COMMUNITY FORUM ON YOUTH AND MARIJUANA WAS HOSTED BY SMML IN PARTNERSHIP WITH LIVONIA SAVE OUR YOUTH COALITION AS PART OF THE HEALTHY LIVONIA INITIATIVE, AND IN PARTNERSHIP WITH THE WESTERN WAYNE RESCUE RECOVERY, THE LIVONIA CHAMBER OF COMMERCE, AND GROWTH WORK, PRESENTED AN OPIOIDS & FAMILY KEN DANIELS' STORY EVENT TO INCREASE AWARENESS ABOUT SUBSTANCE USE TO COMMUNITY MEMBERS AND HIGH SCHOOL STUDENTS SMML PROVIDED INFORMATION AND A PANELIST FOR AN OPIOID FORUM TO INFORM THE OVER 100 PARTICIPANTS OF THE ISSUES RELATED TO OPIOID USE IN THE COMMUNITY AND RESOURCES AVAILABLE THE HOSPITAL ALSO CONDUCTED TWO COMMUNITY DRUG TAKE BACK EVENTS IN PARTNERSHIP WITH LIVONIA SAVE OUR YOUTH COALITION, THE WAYNE COUNTY SHERIFF, AND THE MICHIGAN INSTITUTE FOR CLINICAL & HEALTHY RESEARCH (MICHA), AND COLLECTED 170 POUNDS OF MEDICATIONS MENTAL HEALTH- THE LET'S CONTINUE THE CONVERSATION FORUM FOR SCHOOL PERSONNEL TO ADDRESS YOUTH SUICIDE PREVENTION AND EXPAND ACCESS TO TOOLS AND BEST PRACTICES WAS CONTINUED, WITH TWO FORUMS OFFERED DURING FISCAL YEAR 2019 THE PROGRAMS WERE PROVIDED IN PARTNERSHIP WITH SOUTH REDFORD SCHOOLS, OAKLAND SCHOOLS, WAYNE RESA, REDFORD COMMISSION ON YOUTH AND FAMILIES, GROWTH WORKS, DETROIT WAYNE MENTAL HEALTH AUTHORITY, SPN (SUICIDE PREVENTI</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>ON NETWORK) SURVIVORS, AMERICAN FOUNDATION FOR SUICIDE PREVENTION, AND LIVONIA PUBLIC SCHOOLS SMML SUPPORTED A LOCAL PERFORMANCE OF "THE RIPPLE EFFECT", WHICH INCLUDED A PANEL OF EXPERTS ON MENTAL HEALTH, AND WAS ATTENDED BY OVER 100 PEOPLE SMML HOSTED A SHOWCASE EVENT TARGETED AT COLLEAGUES WITH THE GOAL OF REDUCING THE STIGMA OF MENTAL HEALTH AND SUBSTANCE USE DISORDER ACCESS TO CARE - IN FY19, 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 & 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 HWNRCD 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 WHO CANNOT AFFORD IT ADDITIONAL FUNDING SUPPORT FOR HEALTHY YOU, A DIABETES EDUCATION PROGRAM, WAS PROVIDED TO WAYNE HOPE CLINIC A FINANCIAL AND IN-KIND INVESTMENT CONTINUED IN FY19 FOR THE DEVELOPMENT OF A FEDERALLY QUALIFIED HEALTH CLINIC IN COLLABORATION WITH COVENANT COMMUNITY CARE IN WESTLAND, WHICH OPENED IN APRIL 2019, ALONG WITH A ST JOE'S MEDICAL GROUP OBGYN CLINIC IN THE SAME BUILDING WORK CONTINUED ON THE HEALTHY VILLAGE CAMPUS IN THE CODY ROUGE WARRENDALE AREA OF DETROIT AS PART OF A CROSS-SECTOR, MULTI-STAKEHOLDER PARTNERSHIP PHYSICAL ACTIVITY- AS PART OF THE HEALTHY LIVONIA INITIATIVE, IN CONJUNCTION WITH THE LIVONIA PUBLIC SCHOOLS (LPS) AND THE KIRKSEY LIVONIA RECREATION CENTER, THE FAMILY MEMBERSHIP PROGRAM WAS CONVERTED TO A SCHOLARS HIP PROGRAM IN FY19 FUNDING WAS PROVIDED FOR YOUTH WITH RESOURCE CHALLENGES SEEKING TO PARTICIPATE IN ACTIVITY PROGRAMS THROUGH THE HEALTHY LIVONIA INITIATIVE, BI-MONTHLY WALK AND TALKS WERE CONDUCTED BEGINNING IN MAY 2019 THE PROGRAM PROVIDED HEALTH EDUCATION AND WELLNESS INFORMATION AND CONCLUDED WITH A MILE WALK IN ONE OF THE LOCAL LIVONIA PARKS CARROT WELLNESS WAS INITIATED AS AN INCENTIVIZED WALKING PROGRAM FOR THOSE WHO LIVE AND WORK IN LIVONIA FUNDING WAS PROVIDED TO PROVIDE ACCESS AND REWARDS FOR UP TO 2,000 COMMUNITY PARTICIPANTS IN THE CARROT APP PARTICIPANT NUMBERS INCREASED BY APPROXIMATELY 100 EACH MONTH SINCE THE KICK-OFF IN JANUARY 2019</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 FY19, SJML ADDRESSED THE FOLLOWING OBESITY AND CARDIOVASCULAR DISEASE - IN FY19, 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 THIS WAS DONE THROUGH COLLABORATION, (1) TO INCREASE EQUITABLE ACCESS TO HEALTHY FOOD BY FUNDING DOUBLE UP FOOD BUCKS EXPANSION INTO GROCERY STORES, AND (2) 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 FY19, 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 SJML BEGAN THE DEVELOPMENT OF A PEER SUPPORT PROGRAM EMBEDDED WITHIN THE EMERGENCY DEPARTMENT IN PARTNERSHIP WITH LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AND THE REGIONAL PREPAID INPATIENT HEALTH PLAN HEALTHCARE ACCESS - SJML DEPLOYED THREE-YEAR COLLABORATIVE MATCHING COMMITMENTS WITH MICHIGAN MEDICINE AND ST JOHN PROVIDENCE HEALTH SYSTEMS TO EXPAND HEALTH CARE TRANSPORTATION

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

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 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

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

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

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

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

Form and Line Reference	Explanation
ST JOSEPH MERCY LIVINGSTON	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
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.

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 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 ANN ARBOR - PART V, SECTION B, LINE 7A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 7A	WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

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 7A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 7A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 7A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 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.

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 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.

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

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Form and Line Reference	Explanation
ST MARY MERCY LIVONIA - 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 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
ST JOSEPH MERCY ANN ARBOR - PART V, SECTION B, LINE 10A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 10A	WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

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Form and Line Reference	Explanation
ST JOSEPH MERCY OAKLAND - PART V, SECTION B, LINE 10A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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

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Form and Line Reference	Explanation
ST MARY MERCY LIVONIA - PART V, SECTION B, LINE 10A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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 10A	WWW STJOESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT/

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - (ANN ARBOR) ST JOS MERCY BRIGHTON 7575 GRAND RIVER RD BRIGHTON, MI 48114	LAB, IMAGING, THERAPY, AMBULATORY SURG , EMPLOYED PHYS, ONCOLOGY, 24 HR EMER
1 2 - (AA) REICHERT HEALTH CENTER 5333 MCAULEY DR YPSILANTI, MI 48197	LAB, IMAGING, AMBULATORY SURG , EMPLOYED PHYSICIANS
2 3 - (AA) ST JOSEPH MERCY CANTON HEALTH 1600 CANTON CENTER RD CANTON, MI 48188	LAB, IMAGING, THERAPY, ONCOLOGY, AMBULATORY SURGERY, URGENT CARE
3 4 - (AA) MICHIGAN HEART & VASCULAR INST 5325 ELLIOTT DR YPSILANTI, MI 48197	CARDIOVASCULAR CARE
4 5 - (AA) MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197	ORTHOPEDIC CARE
5 6 - (AA) ELLEN THOMPSON WOMEN'S CENTER 5320 ELLIOTT DR YPSILANTI, MI 48197	WOMEN'S HEALTH
6 7 - (AA) MARIAN PROFESSIONAL BUILDING 14555 LEVAN RD LIVONIA, MI 48154	RADIATION ONCOLOGY, REHAB, MRI, EMPLOYED PHYSICIANS
7 8 - (AA) SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197	SLEEP CLINIC
8 9 - (AA) HAAB HEALTH BUILDING 111 N HURON ST YPSILANTI, MI 48197	EMPLOYED PHYSICIANS
9 10 - (AA) ST JOS MERCY CHEMICAL DEPENDENT 2008 HOGBACK RD ANN ARBOR, MI 48105	BEHAVIORAL MEDICINE
10 11 - (AA) CENTER FOR DIGESTIVE CARE 5300 ELLIOTT DR YPSILANTI, MI 48197	DIGESTIVE CARE
11 12 - (AA) BROOKLYN FAMILY PRACTICE 107 CHICAGO BLVD BROOKLYN, MI 49230	FAMILY PRACTICE
12 13 - (AA) COUNTRY CREEK VILLAGE SHOPPING 7025 E MICHIGAN AVENUE SUITE C SALINE, MI 48176	LAB, URGENT CARE, IMAGING
13 14 - (AA) SAMARITAN CENTER 5555 CONNER DETROIT, MI 48213	INDIGENT CARE
14 15 - (AA) ST JOSEPH MERCY ARBOR HEALTH 990 W ANN ARBOR TRAIL PLYMOUTH, MI 48170	LAB

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - (AA) FAMILY MEDICINE OF STOCKBRIDGE 4525 S M-52 STOCKBRIDGE, MI 49285	EMPLOYED PHYSICIANS
1 17 - (AA) PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104	LAB
2 18 - (AA) ST JOSEPH MERCY BEHAVIORAL SVCS 2200 CANTON CENTER RD CANTON, MI 48188	BEHAVIORAL MEDICINE
3 19 - (AA) HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197	BEHAVIORAL MEDICINE
4 20 - (AA) HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103	LAB
5 21 - (AA) GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114	LAB
6 22 - (AA) DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLERVILLE, MI 48836	LAB, IMAGING
7 23 - (AA) ARBOR SCIO PROFESSIONAL BLDG 6360 JACKSON RD ANN ARBOR, MI 48103	LAB
8 24 - (AA) ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197	LAB
9 25 - (AA) CHERRY HILL LAB 49650 CHERRY HILL RD CANTON, MI 48187	LAB
10 26 - (AA) TOWSLEY HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197	NURSING HOME, EMPLOYED PHYS
11 27 - (OTHER) FRANCES WARDE MEDICAL LAB 300 W TEXTILE RD ANN ARBOR, MI 48104	LAB
12 28 - (GRAND RAPIDS) WEGE BUILDING 300 LAFAYETTE GRAND RAPIDS, MI 49503	LAB, FAMILY PRACTICE, INTERNAL MEDICINE PRACTICE
13 29 - (GR) SAINT MARY'S SOUTHWEST 2373 64TH STREET SW BYRON CENTER, MI 49315	AMBULATORY SURGICAL CTR, REHAB, LAB, IMAGING, FAMILY PRACTICE, CARDIO AND ER
14 30 - (GR) ADVANTAGE HEALTH BUILDING 1471 EAST BELTLINE GRAND RAPIDS, MI 49525	LAB, IMAGING, REHAB, EMPLOYED PHYS , URGENT CARE, OB

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

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

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

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

Name and address	Type of Facility (describe)
31 31 - (GR) CLINICA SANTA MARIA 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
1 32 - (GR) PINE REST 300 68TH STREET SE GRAND RAPIDS, MI 49548	MENTAL HEALTH
2 33 - (GR) SPARTA FAMILY HEALTH CENTER 475 S STATE ST SPARTA, MI 49345	FAMILY PRACTICE CENTER
3 34 - (GR) BROWNING CLAYTOR HEALTH CENTER 1246 MADISON SE GRAND RAPIDS, MI 49507	FAMILY PRACTICE CENTER
4 35 - (GR) HEARTSIDE HEALTH CLINIC 359 S DIVISION GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
5 36 - (GR) RIVERTOWN BUILDING 3380 44TH STREET SW GRANDVILLE, MI 49418	LAB, IMAGING, REHAB, FAMILY PRACTICE
6 37 - (GR) STANDALE BUILDING 1175 WILSON AVE NW WALKER, MI 49534	LAB, IMAGING, REHAB, FAMILY PRACTICE
7 38 - (GR) 310 LAFAYETTE BUILDING 310 LAFAYETTE SE GRAND RAPIDS, MI 49503	IMMUNOLOGY, VASCULAR, INFECTIOUS DISEASE, AND PULMONOLOGY
8 39 - (GR) ADVANTAGE HEALTH BUILDING 10047 CROSS ROADS COURT CAEDONIA, MI 49316	LAB, IMAGING, REHAB, FAMILY PRACTICE
9 40 - (GR) ADVENT REHAB 1375 W GREEN ST HASTINGS, MI 49058	REHAB
10 41 - (GR) ADVENT REHAB 1915 GEORGETOWN CENTER DR JENISON, MI 49428	REHAB
11 42 - (GR) CHERRY BUILDING 245 CHERRY ST GRAND RAPIDS, MI 48503	PEDIATRIC CLINIC, FAMILY MEDICINE, OB, NEUROSCIENCES, AND SLEEP
12 43 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 933 THREE MILE NW GRAND RAPIDS, MI 49504	LAB, REHAB, FAMILY PRACTICE
13 44 - (GR) ADVANTAGE HEALTH BUILDING 7782 20TH AVENUE JENISON, MI 49428	FAMILY PRACTICE CENTER
14 45 - (GR) SOUTHEAST ADVANTAGE HEALTH BLDG 2080 44TH ST SE KENTWOOD, MI 49508	REHAB, LAB, 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)
46 46 - (GR) ADVANTAGE HEALTH BUILDING 6050 NORTHLAND DR NE ROCKFORD, MI 49341	FAMILY PRACTICE CENTER, URGENT CARE, LAB, IMAGING, WOMEN'S HEALTH, REHAB
1 47 - (GR) WYOMING FAMILY PRACTICE 950 36TH STREET SW WYOMING, MI 49509	FAMILY PRACTICE CENTER
2 48 - (GR) ADVENT REHAB 7575 EAST FULTON ADA, MI 49355	REHAB
3 49 - (GR) ADVENT REHAB 1000 EAST PARIS ST 222 GRAND RAPIDS, MI 49546	REHAB
4 50 - (GR) ADVENT REHAB 150 JEFFERSON SE ST 100 GRAND RAPIDS, MI 49503	REHAB
5 51 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 771 KENNMORE SE GRAND RAPIDS, MI 49547	FAMILY PRACTICE
6 52 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2093 HEALTH DRIVE SUITE 300 WYOMING, MI 49519	VASCULAR
7 53 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2144 EAST PARIS SE GRAND RAPIDS, MI 49546	INTERNAL MEDICINE
8 54 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 1000 EAST PARIS STE 222 GRAND RAPIDS, MI 49546	CARDIOVASCULAR
9 55 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 260 JEFFERSON SE STE 115 GRAND RAPIDS, MI 49503	CONCIERGE MEDICINE
10 56 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 3290 NORTH WELLNESS DRIVE HOLLAND, MI 49424	FAMILY PRACTICE
11 57 - (GR) MERCY HEALTH DENTAL CLINIC 781 36TH STREET SE GRAND RAPIDS, MI 49548	DENTAL CLINIC
12 58 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 250 CHERRY ST SE GRAND RAPIDS, MI 49503	ONCOLOGY
13 59 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 3925 32ND AVE STE 300 HUDSONVILLE, MI 49426	FAMILY PRACTICE & URGENT CARE
14 60 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 801 BROADWAY STREET NW GRAND RAPIDS, MI 49504	FAMILY PRACTICE

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)
61 61 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 301 N MAIN SHERIDAN, MI 49315	VASCULAR
1 62 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 1309 SHELDON RD GRAND HAVEN, MI 49444	NEUROLOGY
2 63 - (LIVONIA) OUTPATIENT SURGERY CENTER - ENDO 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
3 64 - (LIV) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
4 65 - (LIV) WESTSIDE OBGYN 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	OB/GYN PRACTICE
5 66 - (LIV) SJMG PRIMARY CARE FREEDOM 20206 FARMINGTON RD LIVONIA, MI 48152	INTERNAL MEDICINE PRACTICE
6 67 - (LIV) SJMG PRIMARY CARE LIVONIA 14600 FARMINGTON RD SUITE 105 LIVONIA, MI 48154	INTERNAL MEDICINE, SLEEP LAB
7 68 - (LIV) SJMG PC WEST FARM HILLS 36650 GRAND RIVER AVE SUITE 101 FARMINGTON HILLS, MI 48335	OB/GYN PRACTICE
8 69 - (LIV) SJMG PRIMARY CARE REDFORD 26400 PLYMOUTH RD REDFORD, MI 48239	FAMILY PRACTICE
9 70 - (LIV) WESTSIDE UROGYNECOLOGY 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	UROLOGY, OB/GYN
10 71 - (LIV) CRNA OSC 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
11 72 - (LIV) SJMG PRIMARY CARE BUCKINGHAM 29105 BUCKINGHAM ST SUITE 11 LIVONIA, MI 48154	PHYSICAL MEDICINE & REHAB
12 73 - (LIV) SJMG PC EAST FARM HILLS 30852 W 10 MILE RD FARMINGTON HILLS, MI 48336	INTERNAL MEDICINE
13 74 - (LIV) URGENT CARE SCHOOLCRAFT 39201 7 MILE RD LIVONIA, MI 48152	URGENT CARE
14 75 - (LIV) SJMG WESTLAND OBGYN 32932 WARREN ROAD SUITE 100 WESTLAND, MI 48185	OB/GYN 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)
76 76 - (LIV) CATHERINE'S PLACE RET FAC 28750 W ELEVEN MILE RD FARMINGTON HILLS, MI 48336	NURSING HOME FACILITY
1 77 - (OAKLAND) SJMO MEDICAL OFFICE BUIDING 44555 WOODWARD AVE PONTIAC, MI 48341	COLORECTAL SURGERY, NEUROLOGY, LAB, NEUROSURGERY, RADIOLOGY, OTHER SURGERY
2 78 - (OA) INDEPENDENCE POINTE 7210 ORTONVILLE RD CLARKSTON, MI 48346	LAB, RADIOLOGY
3 79 - (OA) BALD MOUNTAIN REGIONAL MEDICAL 1375 S LAPEER RD LAKE ORION, MI 48360	URGENT CARE, LAB, RADIOLOGY, INTERNAL MED/PEDS
4 80 - (OA) WOODWARD PROFESSIONAL BUILDING 44428 WOODWARD AVE PONTIAC, MI 48341	REHAB, OB/GYN CLINIC, PARTIAL PSYCH HOSPITAL
5 81 - (OA) WATERFORD SURGICAL CENTER 5220 HIGHLAND RD WATERFORD, MI 48327	SURGICAL CENTER
6 82 - (OA) KAROTECH BUILDING 2630 UNION LAKE RD COMMERCE TOWNSHIP, MI 48382	LAB, PEDIATRICS
7 83 - (OA) MERCY MEDICAL GROUP-OAKLAND PHYSICI 5210 HIGHLAND RD WATERFORD, MI 48327	INTERNAL MEDICINE, URGENT CARE, LAB, RADIOLOGY, ENDOCRINOLOGY
8 84 - (OA) AUBURN HILLS DIAGNOSTICS 719 S OPDYKE ROAD AUBURN HILLS, MI 48326	CARDIOLOGY, RADIOLOGY, LAB
9 85 - (OA) SLEEP DISORDERS CLINIC 3100 CROSS CREEK PKWY AUBURN HILLS, MI 48341	SLEEP CLINIC
10 86 - (OA) WATERFORD LAB 5800 HIGHLAND RD WATERFORD, MI 48327	LAB
11 87 - (OA) LEXUS PROFESSIONAL BUILDING 44200 WOODWARD AVE PONTIAC, MI 48341	LAB, OB/GYN
12 88 - (OA) SHORES III PROFESSIONAL BLDG 2300 HAGGERTY RD WEST BLOOMFIELD, MI 48323	RADIOLOGY
13 89 - (OA) WHITE LAKE URGENT CARE 320 TOWN CENTER BLVD WHITE LAKE TWP, MI 48386	URGENT CARE, LAB, RADIOLOGY, REHAB
14 90 - (OA) AFFINITY PEDIATRICS & INTERN MED 5820 HIGHLAND ROAD WATERFORD, MI 48328	INTERNAL MEDICINE/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) MERCY MEDICAL GROUP-ROCHESTER 1854 W AUBURN RD ROCHESTER HILLS, MI 48309	INTERNAL MEDICINE/PEDS, ENDOCRINOLOGY
1 92 - (OA) CLARKSTON FAMILY PRACTICE 6770 DIXIE HWY CLARKSTON, MI 48346	OB/GYN, FAMILY MED
2 93 - (OA) MERCY MED GROUP-BLOOMFIELD HILLS 1750 TELEGRAPH RD BLOOMFIELD HILLS, MI 48302	OB/GYN
3 94 - (OA) BLOOMFIELD HILLS PEDIATRICS 43750 WOODWARD AVE BLOOMFIELD HILLS, MI 48302	PEDIATRICS
4 95 - (OA) DAVISBURG FAMILY MEDICINE 10740 DIXIE HIGHWAY DAVISBURG, MI 48350	FAMILY MEDICINE, LAB
5 96 - (OA) OAKLAND MEDICAL GROUP 3950 S ROCHESTER ROAD ROCHESTER HILLS, MI 48307	OB/GYN
6 97 - (OA) BLOOMFIELD HILLS IM 2520 S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302	INTERNAL MEDICINE
7 98 - (OA) MERCY PLACE 55 CLINTON ST PONTIAC, MI 48342	OUTPATIENT CLINIC
8 99 - (OA) OAKLAND MEDICAL GROUP 27301 DEQUINDRE ROAD MADISON HEIGHTS, MI 48071	OB/GYN
9 100 - (OA) CLARKSTON NEUROSURGERY 7650 DIXIE HIGHWAY CLARKSTON, MI 48346	NEUROSURGERY
10 101 - (OA) CLARKSTON MEDICAL BUILDING 5701 BOW POINTE DR CLARKSTON, MI 48346	COLORECTAL SURGERY

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49
3 Enter total number of other organizations listed in the line 1 table 2

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
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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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN ARBOR YMCA 400 W WASHINGTON ST ANN ARBOR, MI 48103	38-1525162	501(C)(3)	25,000				YPSILANTI YMCA EARLY CHILDHOOD COLLABORATIVE - WASH COORDINATED FUNDING
AVALON HOUSING 1327 JONES DR STE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	150,000				2019 FUNDING FOR FUSE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY 4925 PACKARD RD ANN ARBOR, MI 48108	38-1654500	501(C)(3)	30,000				BEHAVIORAL HEALTH SERVICES & COOKING FOR A CAUSE
CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION 2929 PLYMOUTH RD STE 245 ANN ARBOR, MI 48105	27-1017827	501(C)(3)	60,000				PROGRAM SUPPORT 2019 WASHTENAW HEALTH INITIATIVE OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNER HEALTH CENTER 47 N HURON ST YPSILANTI, MI 48197	38-2329742	501(C)(3)	30,000				HERE FOR YOUTH AND FAMILY SHELTER HEALTH ASSESSMENT
EASTERN MARKET CORPORATION 2934 RUSSELL ST DETROIT, MI 48207	32-0030432	501(C)(3)	50,000				2018 FARM STAND & FOOD ACCESS SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELE'S PLACE INC 1145 W OAKLAND LANSING, MI 48915	38-2976751	501(C)(3)	10,000				ANN ARBOR HOME FOR HEALING HEARTS CAMPAIGN
FAIR FOOD NETWORK 205 E WASHINGTON ST NO B ANN ARBOR, MI 48104	26-4143394	501(C)(3)	50,000				NI FOOD/AGRIC FINI GRANT INNOV TECH & EXP GEOGRAPHIES PROG

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	15,000				LOCAL FOOD BANKS CORPORATE GIVING PROGRAM - FOOD SECURITY NETWORK
GROWING HOPE INC 922 W MICHIGAN AVE YPSILANTI, MI 48197	74-3091845	501(C)(3)	20,000				YPSILANTI FARMERS MARKET & MOBILE FARM STAND SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURON WATERLOO PATHWAYS INITIATIVE 14800 EAST OLD US 12 CHELSEA, MI 48118	82-1605735	501(C)(3)	46,667				DEVELOPMENT OF THE BORDER-TO-BORDER TRAIL SPONSORSHIP
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY INC 2245 S STATE ST SUITE 200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	46,249				CAPACITY BUILDING GRANT AND SENIOR SOCIAL INTEGRATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVINGSTON COUNTY CATHOLIC CHARITIES 2020 E GRAND RIVER AVE STE 104 HOWELL, MI 48843	38-2570420	501(C)(3)	128,221				PRESCRIPTION FOR HEALTH PROGRAM - LIVINGSTON COUNTY
MAKE-A-WISH FOUNDATION OF MICHIGAN 2300 GENOA BUSINESS PARK DRIVE ROOM/SUITE 290 BRIGHTON, MI 48114	38-2505812	501(C)(3)	50,000				WISH-A-MILE GOLD SPONSORSHIP & WHSH 3ALL SEMI LEAD SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD SUITE 260 ANN ARBOR, MI 48018	38-2595768	501(C)(3)	15,000				PERMANENT HOUSING SUPPORTS
MIGHTY OAK PROJECT INC 3676 S STATE ST ANN ARBOR, MI 48108	81-5293606	501(C)(3)	30,000				2018 SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENT ADVOCACY CENTER OF MICHIGAN INC 124 PEARL ST STE 504 YPSILANTI, MI 48197	38-2058667	501(C)(3)	45,000				CHECK AND CONNECT AND EDUCATION ADVOCACY
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	33,333				WILLIAM J FILETI MEMORAL FUND SUPPORT FOR FUTURES FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVENUE ANN ARBOR, MI 48109	38-1545881	501(C)(3)	25,000				2018-19 UMS SPONSORSHIP - MARTHA GRAHAM DANCE CO PERFORMANCES
WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT 555 TOWNER ST YPSILANTI, MI 48198	38-6004894	COUNTY GOVERNMENT	156,099				PRESCRIPTION FOR HEALTH PROGRAM - WASHTENAW COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW HEALTH PLAN 555 TOWNER ST YPSILANTI, MI 48198	02-0585175	501(C)(3)	200,000				WHP ONGOING OPERATIONS SUPPORT
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48104	38-3551639	501(C)(3)	35,000				DEVELOPMENT EFFORTS SISTER YVONNE GELLISE FUND FOR PERM SUPP HOUSING SVCS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCES CABRINI CLINIC 1234 PORTER ST DETROIT, MI 48226	38-3129349	501(C)(3)	250,000				COMMUNITY SUPPORT
SAY DETROIT FAMILY HEALTH CLINIC 29836 TELEGRAPH ROAD SOUTHFIELD, MI 48034	20-4786626	501(C)(3)	100,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRIS FOUNDATION 420 OAK ST PARK 101 BIG RAPIDS, MI 49307	38-6115813	501(C)(3)	5,000				COMMUNITY SUPPORT
GRAND RAPIDS CHAMBER OF COMMERCE 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503	38-0592500	501(C)(6)	10,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503	38-6005447	501(C)(3)	9,000				COMMUNITY SUPPORT
GRAND RAPIDS URBAN LEAGUE 745 EASTERN AVE SE GRAND RAPIDS, MI 49503	38-1359259	501(C)(3)	15,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRCC FOUNDATION 143 BOSTWICK AVENUE GRAND RAPIDS, MI 49503	38-6100380	501(C)(3)	5,000				COMMUNITY SUPPORT
HEART OF WEST MICHIGAN 118 COMMERCE AVE SW SUITE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	25,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	105,000				COMMUNITY SUPPORT
RETHINKING DEMENTIA 1551 FRANKLIN ST SE GRAND RAPIDS, MI 49506	81-5378097	501(C)(3)	25,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RIGHT PLACE INC 125 OTTAWA AVE NE STE 450 GRAND RAPIDS, MI 49503	38-3262801	501(C)(6)	25,000				COMMUNITY SUPPORT
SAN JUAN DIEGO ACADEMY 1650 GODFREY AVE SW WYOMING, MI 49509	45-2103252	501(C)(3)	11,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST MI CENTER FOR ARTS & TECHNOLOGY 98 FULTON ST E STE 202 GRAND RAPIDS, MI 49503	74-3120354	501(C)(3)	20,000				COMMUNITY SUPPORT
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	38-1358058	501(C)(3)	5,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY EDUCATION PROJECT 1450 HOWARD STREET DETROIT, MI 48216	38-3209556	501(C)(3)	5,000				SUPPORT 13TH ANNUAL DOORWAY TO THE FUTURE DINNER
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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERS ADVANCING & HELPING COMMUNITIES 835 MASON ST SUITE A-160 DEARBORN, MI 48124	38-3081799	501(C)(3)	9,000				LAHC SCHOLARSHIP PROGRAM, THREE SCHOLARSHIPS
HOPE MEDICAL CLINIC INC 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DETROIT AREA HEALTH COUNCIL 407 EAST FORT STREET 6TH FLOOR DETROIT, MI 48226	38-1360904	501(C)(3)	7,500				SUPPORT ANNUAL OPIOID ABUSE AND HEROIN OVERDOSE SUMMIT
DETROIT EMPLOYMENT SOLUTIONS CORPORATION 440 E CONGRESS 4TH FLOOR DETROIT, MI 48226	38-3353746	501(C)(3)	50,000				SUPPORT STUDENT EMPLOYMENT AND PROGRAMMING FOR YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT COMMUNITY CARE INC 559 WEST GRAND BOULEVARD DETROIT, MI 48216	38-3533998	501(C)(3)	450,000				SUPPORT THE DEVELOPMENT OF COVENANT CLINIC SITES
COURAGEOUS 12925 AUBURN AVENUE DETROIT, MI 48223	90-0786010	501(C)(3)	20,000				SUPPORT FOR CAMP COURAGEOUS AND THE 2019 COURAGEOUS GAMES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LIVONIA 33000 CIVIC CENTER DRIVE LIVONIA, MI 48154	38-6005820	CITY GOVERNMENT	70,000				SUPPORT HEALTHY LIVONIA - TATIGIAN BRIDGE PROJECT
CHARTER TOWNSHIP OF NORTHVILLE 700 WEST BASELINE ROAD NORTHVILLE, MI 48167	38-6007235	CITY GOVERNMENT	10,000				SUPPORT THE CONTINUATION OF REDUCED NORTHVILLE TRANSPORTATION FEES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STROKE ALLIANCE 2000 W PIONEER PKWY STE 16 PEORIA, IL 61615	64-0954851	501(C)(3)	19,500				SPONSORSHIP
GARY BURNSTEIN COMMUNITY HEALTH 7402 DAVENTRY WOODS DR WEST BLOOMFIELD, MI 48322	32-0015321	501(C)(3)	13,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM ROAD TRANSPORTATION AUTHORITY 2633 SOUTH LAPEER ROAD STE H ORION CHARTER TOWNSHIP, MI 48360	35-2212929	501(C)(3)	25,000				SPONSORSHIP
OAKLAND UNIVERSITY 507 GOLF VIEW ROCHESTER, MI 48309	38-1714400	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERFORD PROFESSIONAL FIREFIGHTERS UNION 2495 CRESCENT LAKE ROAD WATERFORD, MI 48329	20-5170194	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ST JOSEPH MERCY ANN ARBOR & LIVINGSTON NURSING SCHOLARSHIPS	10	14,317		FAIR MARKET VALUE	SCHOLARSHIPS
ST JOSEPH MERCY OAKLAND NURSING SCHOLARSHIPS	10	10,750		FAIR MARKET VALUE	SCHOLARSHIPS
CANCER PATIENT SERVICES	924	31,662		FAIR MARKET VALUE	SERVICES
CANCER PATIENT GIFT CARDS	160	4,030		FAIR MARKET VALUE	GIFT CARDS
PATIENT TRANSPORTATION	34	1,637		FAIR MARKET VALUE	TRANSPORTATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PATIENT MEDS	11	761		FAIR MARKET VALUE	MEDS
PATIENT NEEDS (VARIOUS)	342	34,010		FAIR MARKET VALUE	VARIOUS NEEDS
PATIENT LODGING	57	8,318		FAIR MARKET VALUE	LODGING

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

2018

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								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF TH-MI'S CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Return Reference	Explanation
PART I, LINES 4A-B	<p>THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2018 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II DAVID BROOKS - \$289,074 PAUL NEUMANN - \$192,948 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/18 DAVID BROOKS - \$589,352 (\$582,629 PAID IN 2019, \$6,723 TO BE PAID IN 2020) PAUL NEUMANN - \$506,490 (PAID IN 2019) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018 THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2018, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2018 THE FOLLOWING PAYOUTS FOR 2018 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II GARY ALLORE - \$25,413 DAVID BROOKS - \$0 BENJAMIN CARTER - \$232,182 ROBERT CASALOU - \$162,094 CYNTHIA CLEMENCE - \$138,843 RICHARD GILFILLAN, MD - \$399,833 NANCY GRAEBNER - \$77,284 SALLY GUINDI - \$0 BILL MANNS - \$100,722 PAUL NEUMANN - \$172,542 DAVID SPIVEY - \$104,480 ROGER SPOELMAN - \$148,355 SHANNON STRIEBICH - \$64,832 THE FOLLOWING ACCRUALS FOR 2018 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II MICHAEL GUSHO - \$85,508 EDMUND HODGE - \$184,822 JOHN O'MALLEY - \$46,571 ROSALIE TOCCO-BRADLEY, MD - \$80,895 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$275,000 FOR 2018) THE FOLLOWING PAYOUTS FOR 2018 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II DAVID BAUMGARTNER, MD - \$0 FABIAN FREGOLI, MD - \$0 DANIEL GREEN - \$0 MATTHEW GRIFFIN, MD - \$0 MICHAEL GRISDELA - \$0 SALLY GUINDI - \$3,030 DAVID MCEWEN - \$0 JACQUELINE PRIMEAU - \$2,382 MICHAEL SAMYN - \$0 CAROL TARNOWSKY - \$2,098</p>



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				
ROBERT CASALOU DIRECTOR, PRESIDENT & CEO-MICH REGION	(i)	0	0	0	0	0	0	0
	(ii)	919,844	343,251	189,685	12,375	57,433	1,522,588	0
EDMUND HODGE DIRECTOR AS OF 1/19, TH EVP, CHRO	(i)	0	0	0	0	0	0	0
	(ii)	690,677	320,401	23,687	197,197	38,144	1,270,106	0
TONYA WELLS DIR THR 12/18, TH VP FED ADVOCACY	(i)	0	0	0	0	0	0	0
	(ii)	214,762	61,655	1,386	20,625	27,331	325,759	0
SALLY GUINDI SECRETARY, GEN COUNSEL- MICHIGAN	(i)	0	0	0	0	0	0	0
	(ii)	344,297	100,923	16,936	16,500	33,256	511,912	0
CAROL TARNOWSKY ASST SEC THR 12/18, MI DPTY GEN CSL	(i)	0	0	0	0	0	0	0
	(ii)	293,039	84,430	6,817	16,500	11,923	412,709	0
MICHAEL GUSHO TREASURER, CFO-MICHIGAN REGION	(i)	0	0	0	0	0	0	0
	(ii)	559,136	127,867	13,072	106,133	33,393	839,601	0
DAVID SPIVEY PRES & CEO ST MARY MERCY LIVONIA	(i)	0	0	0	0	0	0	0
	(ii)	490,795	154,579	193,576	20,625	30,561	890,136	0
BILL MANNS PRES MHSM THR 9/18,PRES SJM AA 10/18	(i)	0	0	0	0	0	0	0
	(ii)	441,775	181,322	120,585	8,250	31,832	783,764	0
ROSALIE TOCCO-BRADLEY MD CMO ST JOS MERCY ANN ARBOR, LIVINGS	(i)	0	0	0	0	0	0	0
	(ii)	505,096	121,208	17,032	93,270	40,292	776,898	0
SHANNON STRIEBICH PRESIDENT ST JOSEPH MERCY OAKLAND	(i)	0	0	0	0	0	0	0
	(ii)	411,590	105,143	72,779	16,500	30,823	636,835	0
DAVID BAUMGARTNER MD MHSM CMO THR9/18,INT PRES 10/18-4/19	(i)	0	0	0	0	0	0	0
	(ii)	435,241	98,696	9,050	16,500	32,748	592,235	0
MATT BIERSACK MD INTERIM CMO MHSM AS OF 11/18	(i)	0	0	0	0	0	0	0
	(ii)	309,086	71,463	271	12,375	21,954	415,149	0
FABIAN FREGOLI MD CMO ST JOSEPH MERCY OAKLAND	(i)	13,637	0	22	287	972	14,918	0
	(ii)	380,192	74,869	1,798	9,588	23,848	490,295	0
DAVID MCEWEN COO MERCY HEALTH ST MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	358,787	82,744	4,404	12,375	27,042	485,352	0
MICHAEL GRISDELA VP FIN WEST MARKET,SE MICH THR 12/18	(i)	0	0	0	0	0	0	0
	(ii)	311,492	66,183	3,781	12,375	31,131	424,962	0
MATTHEW GRIFFIN MD CMO ST MARY MERCY LIVONIA	(i)	0	0	0	0	0	0	0
	(ii)	338,739	30,800	5,449	15,510	26,279	416,777	0
JOHN O'MALLEY PRES, ST JOSEPH MERCY LIVINGSTON	(i)	0	0	0	0	0	0	0
	(ii)	288,908	73,350	11,868	58,946	18,095	451,167	0
ALONZO LEWIS INT PRES SJ MERCY AA THR 10/18, COO	(i)	298,266	65,148	469	12,375	25,588	401,846	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SAMYN VP FINANCE EAST MARKET	(i)	0	0	0	0	0	0	0
	(ii)	282,469	58,588	3,426	16,500	27,671	388,654	0
DANIEL GREEN VP FINANCE MERCY HEALTH ST MARY'S	(i)	8,815	0	20	437	750	10,022	0
	(ii)	263,250	59,471	1,904	16,063	23,984	364,672	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				
SARAH GILBERT VP OPS ST MARY MERCY LIVONIA	(i)	195,900	37,535	422	17,879	14,101	265,837	0
	(ii)	0	0	0	0	0	0	0
FRANK SAWYER SENIOR VP, OPERATIONS OAKLAND	(i)	223,501	44,561	38,537	11,847	20,579	339,025	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE RAPP MD NEUROSURGEON (OAKLAND)	(i)	1,517,065	0	3,488	12,375	23,137	1,556,065	0
	(ii)	0	0	0	0	0	0	0
YOAV RITTER DO NEUROSURGEON (OAKLAND)	(i)	1,218,013	0	678	12,375	25,494	1,256,560	0
	(ii)	0	0	0	0	0	0	0
AHMAD ISSAWI MD NEUROSURGEON (SJMHS)	(i)	1,143,932	27,000	433	12,375	21,199	1,204,939	0
	(ii)	0	0	0	0	0	0	0
JASON BRODKEY MD NEUROSURGEON (SJMHS)	(i)	1,045,322	27,000	1,402	20,625	23,846	1,118,195	0
	(ii)	0	0	0	0	0	0	0
GEORGE GIBSON DO ORTHOPEDIC SURGEON (SJMHS)	(i)	959,361	600	1,278	0	27,492	988,731	0
	(ii)	0	0	0	0	0	0	0
GARY ALLORE FORMER OFFICER, PRES MH MUSKEGON	(i)	0	0	0	0	0	0	0
	(ii)	409,891	120,411	37,068	16,500	31,778	615,648	0
BENJAMIN CARTER FORMER OFFICER, TRINITY EVP, CFO	(i)	0	0	0	0	0	0	0
	(ii)	957,849	442,453	265,229	12,375	54,836	1,732,742	0
CYNTHIA CLEMENCE FMR OFFICER, TRINITY SVP, OPS CFO	(i)	0	0	0	0	0	0	0
	(ii)	630,543	250,135	161,073	20,625	40,235	1,102,611	0
PAUL NEUMANN FMR OFFCR, TH CHF LEGAL OFF THR 8/18	(i)	0	0	0	0	0	0	0
	(ii)	497,581	321,119	410,577	518,865	37,979	1,786,121	0
RICHARD GILFILLAN FORMER OFFICER, TH PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,429,249	909,391	485,144	12,375	115,599	2,951,758	0
MARY NEFF FORMER KEY EMP, VP LABOR & CLIN OPS	(i)	0	0	0	0	0	0	0
	(ii)	113,829	61,390	3,901	20,251	12,831	212,202	0
JACQUELINE PRIMEAU FORMER KEY EMPLOYEE, TH VP, M&A	(i)	0	0	0	0	0	0	0
	(ii)	151,187	80,916	6,087	13,995	13,000	265,185	0
KATHLEEN O'CONNOR FORMER KEY EMP, DIR DECISION SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	194,042	22,844	1,187	10,989	17,840	246,902	0
ROGER SPOELMAN FORMER OFFICER, TH SVP THR 12/18	(i)	0	0	0	0	0	0	0
	(ii)	635,635	262,008	185,775	20,625	50,233	1,154,276	0
DAVID BROOKS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	289,237	207,453	309,263	601,727	26,524	1,434,204	0
MICHAEL K SMITH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	141,454	52,801	6,645	3,003	21,190	225,093	0
NANCY GRAEBNER FORMER KE, CEO SJM CHELSEA	(i)	0	0	0	0	0	0	0
	(ii)	323,410	114,495	96,393	16,500	12,621	563,419	0
RANDALL T FORSCH FORMER KE CMO SJM CHELSEA	(i)	0	0	0	0	0	0	0
	(ii)	151,007	34,127	1,937	5,554	4,675	197,300	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				
AGNES HAGERTY FORMER OFFICER, TH ASSOC COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	----- 43,478	----- 0	----- 99,370	----- 1,304	----- 0	----- 144,152	

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

2018

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
JANEL CARTER	FAMILY MEMBER OF BENJAMIN CARTER, FORMER OFFICER	43,200	EMPLOYMENT ARRANGEMENT		No
BRIAN GRISDELA	FAMILY MEMBER OF MICHAEL GRISDELA, KEY EMPLOYEE	30,757	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
SCOTT GILBERT	FAMILY MEMBER OF SARAH GILBERT, KEY EMPLOYEE	88,815	EMPLOYMENT ARRANGEMENT		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	270,577	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,621,236	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	127,533	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	390,635	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	686,126	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	101,000	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	275,051	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,373,578	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	294,075	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	286,580	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	16,769,131	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	695,569	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	761,525	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	439,644	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	588,926	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	175,870	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	992,953	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,651,293	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	805,537	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	440,487	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	137,777	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,139,759	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	401,416	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	362,829	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	474,895	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	615,950	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	500,000	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	186,237	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	996,773	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	113,016	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	185,075	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	104,489	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,659,213	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	661,283	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	191,546	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,083,196	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	6,865,384	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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	733,415	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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
1 Art—Works of art	X	22	15,952	DONOR PROVIDED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		282	DONOR PROVIDED VALUE
5 Clothing and household goods	X		19,146	DONOR PROVIDED VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X		48,100	MEDIAN VAL-TRAN DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	7,823	DONOR PROVIDED VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	4	35,340	DONOR PROVIDED VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 FOR TH-MI IS REVIEWED BY SENIOR MANAGEMENT EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER THE RETURN HAS BEEN FILED

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR THE CEO AND CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF TH-MI IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING COMPENSATION FOR THESE INDIVIDUALS, 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 THESE INDIVIDUALS ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -125,049,610 CHANGE IN DEFERRED RETIREMENT COSTS 337,696 INCOME FROM DISCONTINUED OPERATIONS 407,236 OTHER TRANSACTIONS 2,426,685 ASSET IMPAIRMENT -4,005,248 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS -241,712 TH-MI CONTRIBUTION TO SJM CHELSEA, INC -88,552,166 EXTERNAL FINANCIAL INTEREST-SJM CHELSEA, INC 60,000,000

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	<p>ST MARY MERCY OUTPATIENT PHARMACY,THE BOUTIQUE AT MERCY HEALTH,ANN ARBOR SPINE CENTER,CLINXUS,MERCY CANCER CENTER,MERCY ENDOCRINOLOGY,MERCY FAMILY CARE,MERCY HEALTH CLINXUS,MERCY HEALTH DENTAL CLINIC,MERCY HEALTH PHARMACY-ROCKFORD,MERCY HEALTH-MUSKEGON CMH PHARMACY,MERCY SPECIALTY CARE,MERCY SURGERY CARE,MICHIGAN BRAIN AND SPINE INSTITUTE,MRI MOBILE SERVICE S OF WEST MICHIGAN,SJMH MEDICAL PRACTICE,SJMH URGENT CARES,ST JOSEPH MERCY HOSPITAL, PONTIAC,ST JOE'S MEDICAL GROUP - BLOOMFIELD PRIMARY CARE,ST JOE'S MEDICAL GROUP - WATERFORD A DULT AND PEDIATRIC MEDICINE,ST JOSEPH MERCY ANN ARBOR-CANCER CENTER,ST JOSEPH MERCY BRIGHTON-CANCER CENTER,ST JOSEPH MERCY CANTON-CANCER CENTER,ST JOSEPH MERCY GREENBROOK,ST JOSEPH MERCY LIVINGSTON-CANCER CENTER,ST JOSEPH MERCY OAKLAND - IMAGE ENHANCEMENT CENTER,ST JOSEPH MERCY OAKLAND-CANCER CENTER,ST JOSEPH MERCY PROFESSIONAL PHARMACY,ST MARY MERCY - CANCER CENTER,THE BOUTIQUE AT MERCY HEALTH, LACKS CANCER CENTER,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 WM,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 LACKS CANCER CENTER,ST JOE'S MEDICAL GROUP - BLOOMFIELD HILLS PE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	DIATRICS,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 OAKLA ND - CLARKSTON IMAGING CENTER,ADVANCED LAPAROSCOPIC SURGICAL ASSOCIATES (ASLA),CHELSEA PRO FESSIONAL SERVICES,HEARTSIDE HEALTH CLINIC,MERCY ADVANTAGE,MERCY HEALTH PHARMACY SOLUTIONS ,MERCY HEALTH SERVICES,MERCY MEDICAL CENTER - NOVI,MERCY NORTH OUTPATIENT PHARMACY,MERCY P RIMARY CARE CENTER - DETROIT,MERCY PRIMARY CARE CENTER - DETROIT PHARMACY,MICHIGAN BARIATR IC INSTITUTE (MBI),MICHIGAN CANCER INSTITUTE,MICHIGAN HEART,MICHIGAN STROKE NETWORK,MICHIGAN STROKE NETWORK REGISTRY,SAINT JOSEPH MERCY HEALTH SYSTEM CENTER FOR BEHAVIORIAL MEDICINE ,SAINT MARY'S ADVANCED SPECIALTY CARE,SAINT MARY'S FAMILY PHARMACY - ECS,SAINT MARY'S LTC PHARMACY,SAINT MARY'S MERCY WOUND CARE CENTER,SJMO ROCHESTER HILLS OB/GYN,SPARTA FAMILY HE ALTH CENTER,ST MARY MERCY HOSPITAL,ST MARY MERCY ONCOLOGY PRACTICE,ST MARY MERCY OUTPAT IENT PSYCHIATRIC SERVICES,ST MARY MERCY WOUND CARE CENTER,ANN ARBOR HOME INFUSION PHARMAC Y,CARE (CONFIDENTIAL ASSISTANCE AND REFERRAL FOR EMPLOYEES),CHELSEA COMMUNITY HOSPITAL,CHE LSEA COMMUNITY HOSPITAL CHILDREN'S CENTER,CHELSEA ORTHOPEDIC SPECIALISTS,CHELSEACARE HOME HEALTH,CLINICA SANTA MARIA,CONFIDENTIAL ASSISTANCE AND REFERRAL FOR EMPLOYEES,DEXTER INTER NAL MEDICINE AND PEDIATRICS,EVANGELICAL DEACONESS HOSPITAL,FAMILY MEDICINE OF STOCKBRIDGE, HEALTH EXPLORATION STATION,MERCY HEALTH SERVICES NORTH,MERCY HOSPITAL OUTPATIENT PHARMACY, MERCY MEDICAL GROUP,MERCY OUTPATIENT PHARMACY,MERCY PATHOLOGY,MERCY SURGERY CARE NETWORK,M ERCY SURGICAL CARE,MUSKEGON GENERAL HOSPITAL,SAINT JOSEPH MERCY HEALTH NETWORK,SAINT JOSEPH H MERCY HEALTH SYSTEM,SAINT MARY'S FAMILY PHARMACY - LTC,SAINT MARY'S FAMILY PHARMACY-CATH EDRL 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,SAIN T MARY'S MERCY HOSPITAL,SAINT MARY'S MERCY MEDICAL CENTER,SAINT MARY'S MERCY WEGE CENTER,S AINT MARYS'S FAMILY PHARMACY WEGE CENTER FOR HEALTH AND LEARNING,SISTERS OF MERCY HEALTH C ORPORATION,SJMHS LIVINGSTON ORTHOPEDIC SURGICAL GROUP,SJMHS ORTHOPEDIC SERVICES,SJMHS SPEC IALTY PHYSICIANS,SPORTX,ST JOE'S MEDICAL GROUP,ST JOSEPH MERCY - BRIGHTON,ST JOSEPH MER CY HOSPITAL - SMHC,ST JOSEPH MERCY HOSPITAL, PONTIAC,ST JOSEPH MERCY OAKLAND 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,MERCY PHYSICIAN PARTNERS,ST JOSEPH MERCY PORT HURON - CANCER CENTER,ST JOSEPH MERCY PORT HURTON,BALD MOUNTAIN DIAGN OSTIC IMAGING,CADILLAC OCCUPATIONAL MEDICINE,HEALTHFIRST MEDICAL CENTER,MERCY CADILLAC ANE STHESIA,MERCY CADILLAC CANCER CENTER,MERCY CADILLAC PHYSICIAN NETWORK,MERCY HOSPITAL GRAYL ING D/B/A MERCY HEALTH CANCER CENTER,MERCY PHYSICIAN NETWORK CADILLAC,ST JOSEPH MERCY POR T HURON,ST JOSEPH MERCY CHELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	EA,CHELSEA COMMUNITY HOSPITAL, A MEMBER OF THE SAINT JOSEPH MERCY HEALTH SYSTEM

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OAKLAND HEALTH ALLIANCE LLC 44405 WOODWARD AVE PONTIAC, MI 48341 82-2021072	ACCOUNTABLE CARE ORGANIZATION	MI	0	401,364	TRINITY HEALTH-MICHIGAN
(2) SAINT MARY'S PHARMACY LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	PHARMACY	MI	0	0	TRINITY HEALTH-MICHIGAN
(3) SOUTHEAST MICHIGAN CLINICAL NETWORK LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3856789	ACCOUNTABLE CARE ORGANIZATION	MI	2,197,992	1,655,351	TRINITY HEALTH-MICHIGAN
(4) THE CARE ALLIANCE 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5648536	ACCOUNTABLE CARE ORGANIZATION	MI	0	38,586	TRINITY HEALTH-MICHIGAN
(5) THE SAINT JOSEPH MERCY HEALTH PARTNERS CLINICALLY INT NETWORK PO BOX 995 ANN ARBOR, MI 48106 47-1340852	ACCOUNTABLE CARE ORGANIZATION	MI	0	26,371	TRINITY HEALTH-MICHIGAN
(6) WESTERN CARE ALLIANCE LLC 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5620128	ACCOUNTABLE CARE ORGANIZATION	MI	0	951,879	TRINITY HEALTH-MICHIGAN

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.

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) OAKLAND HEALTH ALLIANCE LLC 44405 WOODWARD AVE PONTIAC, MI 48341 82-2021072	ACCOUNTABLE CARE ORGANIZATION	MI	0	401,364	TRINITY HEALTH-MICHIGAN
(1) SAINT MARY'S PHARMACY LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	PHARMACY	MI	0	0	TRINITY HEALTH-MICHIGAN
(2) SOUTHEAST MICHIGAN CLINICAL NETWORK LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3856789	ACCOUNTABLE CARE ORGANIZATION	MI	2,197,992	1,655,351	TRINITY HEALTH-MICHIGAN
(3) THE CARE ALLIANCE 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5648536	ACCOUNTABLE CARE ORGANIZATION	MI	0	38,586	TRINITY HEALTH-MICHIGAN
(4) THE SAINT JOSEPH MERCY HEALTH PARTNERS CLINICALLY INT NETWORK PO BOX 995 ANN ARBOR, MI 48106 47-1340852	ACCOUNTABLE CARE ORGANIZATION	MI	0	26,371	TRINITY HEALTH-MICHIGAN
(5) WESTERN CARE ALLIANCE LLC 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5620128	ACCOUNTABLE CARE ORGANIZATION	MI	0	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	
114 WOODLAND STREET HARTFORD, CT 06105 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	HEALTH CARE SYSTEM SUPPORT	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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						Yes	No
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	

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						Yes	No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	

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						Yes	No
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-1422704	MEDICARE HMO	ID	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543	MEDICARE HMO	NY	501(C)(4)		MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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						Yes	No
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	

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						Yes	No
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
775 S MAIN ST CHELSEA, MI 48118 82-4757260	MEDICAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		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	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	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
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CALIFORNIA HEALTHCARE MANAGEMENT PARTERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
(1) CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(2) CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
(3) DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(4) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(5) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(8) FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(11) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
(12) HACKLEY HEALTHCARE EQUIPMENT CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(13) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
(14) HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	

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								Yes	No
(16) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(1) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(2) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(3) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(4) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(5) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(6) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(7) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(8) MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
(9) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
(10) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(11) MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
(12) MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(13) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
(14) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
(31) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(1) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
(2) PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
(3) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(4) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(5) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(6) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
(7) SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(8) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
(9) SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(10) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
(11) ST ELIZABETH HEALTH SUPPORT SERVICES INC 23 CAMPION ROAD NEW HARTFORD, NY 13413 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(12) SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(13) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	TRINITY HEALTH- MICHIGAN	C		33,466	99 000 %	Yes	
(14) TRI-HOSPITAL MRI CENTER 2800 DEQUINDRE WARREN, MI 48092 38-2884297	HEALTH CARE SERVICES	MI	TRINITY HEALTH- MICHIGAN	C	-37,624	10,788	55 000 %	Yes	

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

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								Yes	No
(46) TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
(1) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
(2) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
(3) TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(4) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PROBILITY THERAPY SERVICES	P	57,315	PER BOOKS
(1)	PROBILITY THERAPY SERVICES	Q	504,529	PER BOOKS
(2)	IHA HEALTH SERVICES CORPORATION	C	566,573	PER BOOKS
(3)	IHA HEALTH SERVICES CORPORATION	L	183,622	PER BOOKS
(4)	IHA HEALTH SERVICES CORPORATION	M	28,566,755	PER BOOKS
(5)	IHA HEALTH SERVICES CORPORATION	P	33,056,556	PER BOOKS
(6)	IHA HEALTH SERVICES CORPORATION	Q	6,991,591	PER BOOKS
(7)	WOODLAND IMAGING CENTER LLC	K	627,568	PER BOOKS
(8)	WOODLAND IMAGING CENTER LLC	L	103,873	PER BOOKS
(9)	WOODLAND IMAGING CENTER LLC	M	5,314,507	PER BOOKS
(10)	WOODLAND IMAGING CENTER LLC	Q	1,132,058	PER BOOKS
(11)	HURON ARBOR CORPORATION	C	29,193,718	PER BOOKS
(12)	HURON ARBOR CORPORATION	K	1,471,085	PER BOOKS
(13)	HURON ARBOR CORPORATION	Q	1,347,418	PER BOOKS
(14)	TRINITY CONTINUING CARE SERVICES	Q	917,921	PER BOOKS
(15)	TRINITY HEALTH CORPORATION	B	51,964,485	PER BOOKS
(16)	TRINITY HEALTH CORPORATION	L	502,866	PER BOOKS
(17)	TRINITY HEALTH CORPORATION	M	218,200,542	PER BOOKS
(18)	TRINITY HEALTH CORPORATION	P	56,862,590	PER BOOKS
(19)	TRINITY HEALTH CORPORATION	Q	21,245,092	PER BOOKS
(20)	TRINITY HEALTH CORPORATION	R	32,598,640	PER BOOKS
(21)	MERCY HEALTH PARTNERS	L	4,108,537	PER BOOKS
(22)	MERCY HEALTH PARTNERS	P	165,107	PER BOOKS
(23)	MERCY HEALTH PARTNERS	Q	9,710,217	PER BOOKS
(24)	MERCY HEALTH PARTNERS	S	1,363,673	PER BOOKS

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
(26)	SIXTY FOURTH STREET LLC	C	329,681	PER BOOKS
(1)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	L	133,320	PER BOOKS
(2)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	482,791	PER BOOKS
(3)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	Q	2,197,773	PER BOOKS
(4)	SAINT MARY'S FOUNDATION	B	990,759	PER BOOKS
(5)	SAINT MARY'S FOUNDATION	C	1,177,357	PER BOOKS
(6)	SAINT MARY'S FOUNDATION	Q	181,968	PER BOOKS
(7)	CENTER FOR DIGESTIVE CARE LLC	C	2,411,702	PER TAX RETURN
(8)	WOODLAND IMAGING CENTER LLC	B	1,613,867	PER TAX RETURN
(9)	WOODLAND IMAGING CENTER LLC	C	2,096,120	PER TAX RETURN
(10)	ADVENT REHABILITATION LLC	B	4,165,845	PER TAX RETURN
(11)	ADVENT REHABILITATION LLC	C	415,000	PER TAX RETURN
(12)	FRANCES WARDE MEDICAL LABORATORY	C	205,764	PER TAX RETURN
(13)	SIXTY FOURTH STREET LLC	C	329,676	PER TAX RETURN
(14)	CATHERINE MCAULEY HEALTH SERVICES CORP	B	77,922,082	PER BOOKS
(15)	CATHERINE MCAULEY HEALTH SERVICES CORP	L	267,286	PER BOOKS
(16)	ST JOSEPH MERCY CHELSEA INC	B	111,208,521	PER BOOKS
(17)	ST JOSEPH MERCY CHELSEA INC	L	10,376,086	PER BOOKS
(18)	ST JOSEPH MERCY CHELSEA INC	M	402,051	PER BOOKS
(19)	ST JOSEPH MERCY CHELSEA INC	P	373,598	PER BOOKS
(20)	ST JOSEPH MERCY CHELSEA INC	Q	90,304,687	PER BOOKS
(21)	TRINITY HEALTH ACO INC	S	4,864,186	PER BOOKS
(22)	WOODLAND IMAGING CENTER LLC	C	2,096,120	PER TAX RETURN
(23)	WOODLAND IMAGING CENTER LLC	B	1,613,867	PER TAX RETURN
(24)	CENTER FOR DIGESTIVE CARE LLC	C	2,411,702	PER TAX RETURN

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) ADVENT REHABILITATION LLC	C	415,000	PER TAX RETURN
(1) ADVENT REHABILITATION LLC	B	4,165,845	PER TAX RETURN
(2) WARD LAB MEDICAL LABORATORY	C	205,764	PER TAX RETURN
(3) MISSION HEALTH CORPORATION	S	250,000	PER BOOKS
(4) MISSION HEALTH CORPORATION	K	118,507	PER BOOKS