

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
TRINITY HEALTH - 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 \$ 2,612,068,425

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

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

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

**H(c)** Group exemption number ▶

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

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

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

**L** Year of formation: 1976

**M** State of legal domicile: MI

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	20,956
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,269
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	50,611,315
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	38,069,376	115,594,313
<b>9</b> Program service revenue (Part VIII, line 2g)	2,490,975,826	2,369,424,746
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,357,818	44,885,957
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,919,522	69,412,293
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,671,322,542	2,599,317,309
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,161,851	4,375,221
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,092,824,171	1,096,243,562
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,857,213		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,369,864,701	1,374,020,809
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,466,850,723	2,474,639,592
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	204,471,819	124,677,717
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,727,484,444	4,138,122,519
<b>21</b> Total liabilities (Part X, line 26)	1,151,941,640	1,552,779,390
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,575,542,804	2,585,343,129

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-05-14  
MICHAEL GUSHO TREASURER AND CFO  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 \$ 2,243,973,402 including grants of \$ 4,375,221 ) (Revenue \$ 2,375,194,251 )  
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 ▶ 2,243,973,402

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

<b>2a</b> 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 . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>2a</b></td> <td style="width: 90%; text-align: center;">20,956</td> </tr> </table>	<b>2a</b>	20,956			
<b>2a</b>	20,956					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			<b>3b</b>	Yes		
<b>4a</b> 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)? . . .			<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>			
<b>6a</b> 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? . . .			<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .			<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>7d</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>7d</b>				
<b>7d</b>						
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>10a</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>10a</b>				
<b>10a</b>						
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>10b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>10b</b>				
<b>10b</b>						
<b>11 Section 501(c)(12) organizations.</b> Enter:						
<b>a</b> Gross income from members or shareholders . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>11a</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>11a</b>				
<b>11a</b>						
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>11b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>11b</b>				
<b>11b</b>						
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>12b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>12b</b>		<b>12a</b>		
<b>12b</b>						
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>			
<b>b</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 . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>13b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>13b</b>				
<b>13b</b>						
<b>c</b> Enter the amount of reserves on hand . . . . .	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>13c</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>13c</b>				
<b>13c</b>						
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			<b>14b</b>			
<b>15</b> 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.			<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>16</b>		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 (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 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.
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:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .									
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>1d Total (add lines 1b and 1c)</b> . . . . .							6,869,444	15,241,587	2,675,574

**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 ▶ 1,151

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		5 No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KASCO 226 E HUDSON AVE ROYAL OAK, MI 48067	CONSTRUCTION SERVICES	11,299,554
ANESTHESIA ASSOCIATES OF ANN ARBOR PC 2006 HOGBACK RD STE 5A ANN ARBOR, MI 48105	HEALTH CARE SERVICES	8,363,588
EMERGENCY PHYSICIANS MEDICAL GROUP 2000 GREEN RD STE 300 ANN ARBOR, MI 48105	HEALTH CARE SERVICES	6,369,637
GRANGER CONSTRUCTION COMPANY 39475 W 13 MILE RD STE 100 NOVI, MI 48377	CONSTRUCTION SERVICES	5,681,223
AIMS GROUP INC 4421 ZENITH STREET METAIRIE, LA 70001	CONSTRUCTION SERVICES	5,035,375

**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 ▶ 304



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 148,266			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 1,062,962			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 3,021,152			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 102,455,775			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 8,906,158			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b> 220,250			
	<b>h Total.</b> Add lines 1a-1f . . . . .		115,594,313		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE		622110	2,183,093,911	2,183,093,911		
<b>b</b> PHARMACY REVENUE		446110	162,532,174	127,237,240	35,294,934	
<b>c</b> LABORATORY REVENUE		621500	23,798,661	8,455,436	15,343,225	
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			2,369,424,746			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			29,364,247			29,364,247	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	9,476,649				
			(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>	9,078,978				
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	397,671				
	<b>d</b> Net rental income or (loss) . . . . .				397,671			397,671
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	15,827,822	137,475			
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	0	443,587			
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	15,827,822	-306,112			
	<b>d</b> Net gain or (loss) . . . . .				15,521,710			15,521,710
	<b>8a</b> Gross income from fundraising events (not including \$ 1,062,962 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			351,180			
			<b>8b</b>		710,114			
		<b>c</b> Net income or (loss) from fundraising events . . . . .				-358,934		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		4,098,647					
		<b>10b</b>		2,518,437				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				1,580,210			1,580,210
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA REVENUE		722514	11,412,526				11,412,526	
<b>b</b> PROVIDER INCENTIVE		622110	7,378,486	7,378,486				
<b>c</b> MANAGEMENT SERVICES REVENUE		622110	874,694	874,694				
<b>d</b> All other revenue . . . . .			48,127,640	48,154,484	-26,844			
<b>e Total.</b> Add lines 11a-11d . . . . .			67,793,346					
<b>12 Total revenue.</b> See instructions . . . . .			2,599,317,309	2,375,194,251	50,611,315		57,917,430	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,953,513	3,953,513		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	421,708	421,708		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	11,806,659		11,806,659	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	990,762		990,762	
<b>7</b> Other salaries and wages . . . . .	923,691,062	862,534,804	58,934,593	2,221,665
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	23,338,918	21,813,599	1,469,133	56,186
<b>9</b> Other employee benefits . . . . .	71,842,721	66,791,902	4,878,780	172,039
<b>10</b> Payroll taxes . . . . .	64,573,440	59,404,134	4,995,377	173,929
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	154,985		154,985	
<b>b</b> Legal . . . . .	1,714,589		1,714,589	
<b>c</b> Accounting . . . . .	144		144	
<b>d</b> Lobbying . . . . .	46,800		46,800	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	3,838,487		3,838,487	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	168,337,213	149,145,016	19,107,298	84,899
<b>12</b> Advertising and promotion . . . . .	10,927,341	958,657	9,929,018	39,666
<b>13</b> Office expenses . . . . .	23,095,667	17,885,806	5,194,054	15,807
<b>14</b> Information technology . . . . .	98,212,629	91,817,039	6,395,590	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	49,530,949	49,530,949		
<b>17</b> Travel . . . . .	1,789,275	1,336,809	437,931	14,535
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,322,640	1,965,526	356,375	739
<b>20</b> Interest . . . . .	30,799,096	30,799,096		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	136,166,001	83,658,731	52,489,856	17,414
<b>23</b> Insurance . . . . .	14,416,189	14,414,861	1,328	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES EXP	500,540,543	500,540,543		
<b>b</b> I/C PURCHASED SERVICES	143,097,573	106,038,564	37,059,009	
<b>c</b> BAD DEBT EXPENSE	77,317,704	77,317,704		
<b>d</b> HOSPITAL PROVIDER TAX	60,183,673	60,183,673		
<b>e</b> All other expenses	51,529,311	43,460,768	8,008,209	60,334
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,474,639,592	2,243,973,402	227,808,977	2,857,213
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,813,145	<b>1</b>	733,102
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	28,923,402	<b>3</b>	33,236,159
	<b>4</b> Accounts receivable, net . . . . .	297,587,498	<b>4</b>	251,354,010
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	151,870,232	<b>7</b>	225,000
	<b>8</b> Inventories for sale or use . . . . .	38,687,447	<b>8</b>	44,468,946
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,681,142	<b>9</b>	20,401,048
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,743,251,111		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,652,532,376	1,134,209,705	<b>10c</b> 1,090,718,735
	<b>11</b> Investments—publicly traded securities . . . . .	1,103,701,481	<b>11</b>	1,552,945,778
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	696,433,087	<b>12</b>	592,326,610
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	32,277,836	<b>14</b>	32,758,258
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	222,299,469	<b>15</b>	518,954,873
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,727,484,444	<b>16</b>	4,138,122,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	250,825,441	<b>17</b>	260,777,436
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,690,502	<b>19</b>	15,256,325
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	15,649,980	<b>23</b>	14,360,010
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	883,775,717	<b>25</b>	1,262,385,619
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,151,941,640	<b>26</b>	1,552,779,390
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,502,772,522	<b>27</b>	2,511,099,458
	<b>28</b> Net assets with donor restrictions . . . . .	72,770,282	<b>28</b>	74,243,671
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	2,575,542,804	<b>32</b>	2,585,343,129	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	3,727,484,444	<b>33</b>	4,138,122,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,599,317,309
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,474,639,592
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	124,677,717
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,575,542,804
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,752,113
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-96,125,279
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,585,343,129

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>	Yes	
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

Form 990 (2019)

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

TRINITY HEALTH-MICHIGAN (TH-MI), A HEALTH CARE AND HOSPITAL SYSTEM, HAS BEEN A LEADER IN PATIENT CARE FOR MORE THAN 100 YEARS, COMMITTED TO THE QUALITY CARE OF PATIENTS AND THEIR FAMILIES. TH-MI OPERATES FIVE HOSPITALS ACROSS MICHIGAN, CONTAINING 1,506 STAFFED BEDS, AS WELL AS OUTPATIENT HEALTH CENTERS, URGENT CARE FACILITIES, PHYSICIAN OFFICES AND SPECIALTY CENTERS, AND COMMUNITY OUTREACH SITES. DURING FISCAL YEAR 2020, TH-MI HOSPITALS' EMPLOYEES, PHYSICIANS AND VOLUNTEERS PROVIDED OVER 382,000 DAYS OF CARE, AND PROVIDED HEALTH CARE SERVICES FOR OVER 2.4 MILLION OUTPATIENT VISITS, AND OVER 297,000 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 2020, TH-MI HOSPITALS PROVIDED OVER \$157 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 SEE SCHEDULE H AND VISIT OUR WEBSITES FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS: [WWW.STJOESHEALTH.ORG](http://WWW.STJOESHEALTH.ORG) AND [WWW.MERCYHEALTH.COM](http://WWW.MERCYHEALTH.COM)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT CASALOU ..... DIRECTOR;PRESIDENT & CEO-MICH REGION	44.00 ..... 11.00	X		X				0	1,579,544	68,419
LAWRENCE RAPP MD ..... NEUROSURGEON (OAKLAND)	50.00 ..... 0.00					X		1,504,372	0	37,150
ROGER SPOELMAN ..... FORMER OFFICER	0.00 ..... 0.00						X	0	926,315	492,493
YOAV RITTER DO ..... NEUROSURGEON (OAKLAND)	50.00 ..... 0.00					X		1,235,674	0	39,169
EDMUND HODGE ..... DIRECTOR; TRINITY HEALTH EVP, CHRO	2.00 ..... 53.00	X						0	1,098,135	48,078
AHMAD ISSAWI MD ..... NEUROSURGEON (SJMHS)	50.00 ..... 0.00					X		1,045,159	0	36,395
HAZEM ELTAHAWY MD ..... NEUROSURGEON (LIVONIA)	50.00 ..... 0.00					X		968,456	0	36,560
DAVID BROOKS ..... FORMER KEY EMPLOYEE	0.00 ..... 0.00						X	0	990,125	637
JASON BRODKEY MD ..... NEUROSURGEON (SJMHS)	50.00 ..... 0.00					X		907,285	0	47,422
BILL MANNS ..... PRESIDENT SJM ANN ARBOR THR 3/20	52.00 ..... 3.00				X			0	907,153	40,528

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			
DAVID BAUMGARTNER MD ..... CMO MERCY HEALTH ST. MARY'S THR 8/19	50.00 ..... 0.00				X			0	552,280	350,628
DAVID SPIVEY ..... PRES & CEO ST. MARY MERCY LIVONIA	54.00 ..... 1.00				X			0	818,389	53,240
MICHAEL GUSHO ..... TREASURER; CFO-MICHIGAN REGION	40.00 ..... 10.00			X				0	680,216	141,025
DAVID MCEWEN ..... COO MERCY HEALTH ST. MARY'S THR 9/19	50.00 ..... 0.00				X			0	442,726	351,621
ROSALIE TOCCO-BRADLEY MD ..... CCO & REGIONAL CMO-MICHIGAN REGION	50.00 ..... 0.00				X			0	647,305	133,393
SHANNON STRIEBICH ..... PRESIDENT ST. JOSEPH MERCY OAKLAND	55.00 ..... 0.00				X			0	635,779	47,556
GARY ALLORE ..... FORMER OFFICER; PRES MH MUSKEGON	0.00 ..... 55.00						X	0	599,075	48,478
NANCY GRAEBNER ..... FORMER KEY EMP; CEO SJM CHELSEA	0.00 ..... 55.00						X	0	522,538	29,244
SALLY GUINDI ..... SECRETARY; GEN COUNSEL-MICH REGION	40.00 ..... 10.00			X				0	498,151	52,366
MATT BIERSACK MD ..... CMO MERCY HEALTH ST. MARY'S AT 9/19	50.00 ..... 0.00				X			231,560	252,392	37,222

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	466,313	54,738
FABIAN FREGOLI MD ..... CMO ST. JOSEPH MERCY OAKLAND	50.00 ..... 0.00				X			0	470,257	37,265
ALONZO LEWIS ..... PRES SJ MCY AA AT 4/20; COO THR 3/20	54.00 ..... 1.00				X			11,571	404,657	42,377
HYUNG KIM MD ..... PRESIDENT MERCY HEALTH ST. MARY'S	53.00 ..... 2.00				X			0	378,078	70,578
JOHN O'MALLEY ..... PRES ST. JOSEPH MERCY LIVINGSTON	55.00 ..... 0.00				X			0	373,064	30,384
CAROL TARNOWSKY ..... FORMER OFFICER; MI DPTY GEN CSL	18.00 ..... 32.00						X	0	371,464	29,378
MICHAEL SAMYN ..... VP FINANCE EAST MARKET	50.00 ..... 0.00				X			0	346,541	45,004
DAVID VANDENBERG MD ..... CMO ST JOS MERCY AA/LIV AS OF 8/19	50.00 ..... 0.00				X			198,446	149,622	42,471
DANIEL GREEN ..... VP FINANCE MERCY HEALTH ST MARY'S	48.00 ..... 2.00				X			0	328,557	42,872
FRANK SAWYER ..... SENIOR VP, OPERATIONS SJM OAKLAND	50.00 ..... 0.00				X			310,635	0	40,039



**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			
TOMASINE MARX ..... VP FINANCE WEST MARKET	48.00 ..... 2.00				X			0	314,963	21,720
SARAH GILBERT ..... SVP, OPERATIONS SM MERCY LIVONIA	50.00 ..... 0.00				X			287,037	0	36,538
MELISSA KAROLAK ..... VP FINANCE ST. MARY MERCY LIVONIA	50.00 ..... 0.00				X			4,495	206,637	34,017
KURT MACDONALD ..... SENIOR VP, OPERATIONS MH ST. MARY'S AT 12/19	50.00 ..... 0.00				X			164,754	0	35,288
RANDALL T FORSCH ..... FORMER KE: CMO SJM CHELSEA THR 9/19	0.00 ..... 50.00						X	0	157,534	3,782
KATHLEEN O'CONNOR ..... FORMER KEY EMP; DIR DECISION SUPPORT	0.00 ..... 50.00						X	0	123,777	17,499
JAMES WOODS ..... DIRECTOR; CHAIR	2.00 ..... 2.00	X		X				0	0	0
DALE NESBARY PHD ..... DIRECTOR; VICE CHAIR	2.00 ..... 2.00	X		X				0	0	0
WAYMAN BRITT ..... DIRECTOR	2.00 ..... 2.00	X						0	0	0
DONNA DOLEMAN ..... DIRECTOR	2.00 ..... 2.00	X						0	0	0

**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
LUANN HANNASCH RSM ..... DIRECTOR	2.00 .....	X						0	0	0
MARY FRANCIS LEWANDOWSKI CSSF ..... DIRECTOR	2.00 .....	X						0	0	0
JOSE INFANTE ..... 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
CANETTA REID ..... DIRECTOR	2.00 .....	X						0	0	0
DAVID STEINBERGER MD ..... DIRECTOR	2.00 .....	X						0	0	0
TERRENCE WRIGHT MD ..... DIRECTOR THROUGH 12/19	2.00 .....	X						0	0	0

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TRINITY HEALTH - 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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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



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

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

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

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization TRINITY HEALTH - MICHIGAN	Employer identification number 38-2113393
---	--

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

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

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

**b** If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**(a)** Filing organization's totals **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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


- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No


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

**Lobbying Expenditures During 4-Year Averaging Period**

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

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....	Yes		91,667
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		46,800
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			138,467
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	TRINITY HEALTH - MICHIGAN (TH-MI) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE ORGANIZATIONS HAVE PROVIDED TH-MI WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. SIMILARLY, THESE HEALTH CARE ORGANIZATIONS WILL ARRANGE CONFERENCES AND SEMINARS FOR MEMBER ORGANIZATIONS AND THEIR EXECUTIVES WHICH INVOLVE LEGISLATORS OR OTHER POLITICAL FIGURES AS GUEST SPEAKERS. OUR 2020 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: - RESPONDING TO THE COVID19 PANDEMIC, INCLUDING SEEKING REGULATORY AND FINANCIAL RELIEF - 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**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? . . . . .  Yes  No

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	21,874,344	22,033,634	20,913,371	19,154,684	19,561,547
<b>b</b> Contributions . . . . .	186,334	944,923	41,203	-163,975	804,151
<b>c</b> Net investment earnings, gains, and losses	284,828	1,775,131	1,340,233	1,958,733	-325,670
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,740	2,774,330	159,159		729,527
<b>f</b> Administrative expenses . . . . .		105,014	102,014	36,071	155,817
<b>g</b> End of year balance . . . . .	22,342,766	21,874,344	22,033,634	20,913,371	19,154,684

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100.000 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  |               | Yes | No |
|--|---------------|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | Yes |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		47,942,259		47,942,259
<b>b</b> Buildings . . . . .		1,389,524,578	702,901,409	686,623,169
<b>c</b> Leasehold improvements		124,131,830	63,786,904	60,344,926
<b>d</b> Equipment . . . . .		1,152,495,184	885,151,333	267,343,851
<b>e</b> Other . . . . .		29,157,260	692,730	28,464,530
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,090,718,735

**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	169,236,174	F
(B) EQUITY METHOD INVESTMENTS	105,772,609	C
(C) HEDGE FUNDS	317,317,827	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	592,326,610	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	20,802,550
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	309,071,790
(3) INVESTMENT IN UNCONSOLIDATED AFFILIATES	17,386,176
(4) INTERCOMPANY OTHER LT ASSETS	141,126,289
(5) OTHER LONG-TERM ASSETS	536,990
(6) OTHER CURRENT ASSETS	209,996
(7) OPERATING LEASE RIGHT-OF-USE ASSETS	29,821,082
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	518,954,873

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,262,385,619

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** **Supplemental Information** *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

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

1. (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	151,839,918
DEFERRED COMPENSATION	28,696,543
ASSET RETIREMENT OBLIGATION (FIN 47)	5,754,032
ANNUITIES PAYABLE	1,003,748
INTERCOMPANY NOTES PAYABLE	768,841,363
OTHER CURRENT LIABILITIES	2,565,507
OTHER LONG-TERM LIABILITIES	2,100,920
LEASE OBLIGATION	814,979
MEDICARE CASH ADVANCES	269,602,542
OPERATING LEASE LIABILITIES	31,166,067

## 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

2019

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 10 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) Total events
	<b>HOLIDAY BALL -ANN ARBOR</b> (event type)	<b>SMML GOLF</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	876,633	298,750	238,759	1,414,142
<b>2</b> Less: Contributions . . . . .	733,353	162,050	167,559	1,062,962
<b>3</b> Gross income (line 1 minus line 2) . . . . .	143,280	136,700	71,200	351,180
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .		21,930	7,500	29,430
<b>6</b> Rent/facility costs . . . . .	70,485	57,943	6,504	134,932
<b>7</b> Food and beverages . . . . .	165,825	55,835	46,135	267,795
<b>8</b> Entertainment . . . . .	14,900	1,150	7,500	23,550
<b>9</b> Other direct expenses . . . . .	191,126	15,881	47,400	254,407
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				710,114
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-358,934

**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))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

---

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

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

Return Reference	Explanation
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 TRINITY HEALTH - MICHIGAN

**Hospitals**

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

**Employer identification number**  
 38-2113393

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b> Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			15,106,081		15,106,081	0.630 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			319,076,200	246,292,282	72,783,918	3.040 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			7,718,043	7,158,864	559,179	0.020 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			341,900,324	253,451,146	88,449,178	3.690 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	77	68,391	6,191,604	708,110	5,483,494	0.230 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	16	1,305	90,778,691	50,344,828	40,433,863	1.690 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	23	107,521	45,456,977	28,250,099	17,206,878	0.720 %
<b>h</b> Research (from Worksheet 7) . . . . .	2	0	7,464,736	4,235,555	3,229,181	0.130 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	35	5,251	2,343,152	50,073	2,293,079	0.100 %
<b>j Total.</b> Other Benefits . . . . .	153	182,468	152,235,160	83,588,665	68,646,495	2.870 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	153	182,468	494,135,484	337,039,811	157,095,673	6.560 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	10	27,582		27,582	0 %
9 Other						
<b>10 Total</b>	<b>2</b>	<b>10</b>	<b>27,582</b>		<b>27,582</b>	<b>0 %</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	468,170,556
6 Enter Medicare allowable costs of care relating to payments on line 5	6	484,931,737
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-16,761,181
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system		
<input checked="" type="checkbox"/> Cost to charge ratio		
<input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CENTER FOR DIGESTIVE CARE LLC	SURGICAL CENTER	51.000 %		49.000 %
2 2 FRANCES WARDE MEDICAL LABORATORY	LABORATORY SERVICES	66.670 %		33.330 %
3 3 WOODLAND IMAGING CENTER LLC DBA AVANT IMAGING	IMAGING SERVICES	51.000 %		49.000 %
4 4 HEALTH PARK CENTRAL LLC	MEDICAL OFFICE BUILDING	10.550 %		82.490 %
5 5 SIXTY FOURTH STREET LLC	SURGICAL CENTER	53.940 %		42.220 %
6 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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ST JOSEPH MERCY ANN ARBOR

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

ST JOSEPH MERCY ANN ARBOR

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST JOSEPH MERCY ANN ARBOR

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 MERCY HEALTH SAINT MARY'S

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

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

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



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

MERCY HEALTH SAINT MARY'S

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

MERCY HEALTH SAINT MARY'S

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

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

**Policy Relating to Emergency Medical Care**

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

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

MERCY HEALTH SAINT MARY'S

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

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ST JOSEPH MERCY OAKLAND

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

ST JOSEPH MERCY OAKLAND

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST JOSEPH MERCY OAKLAND

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

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

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



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ST MARY MERCY LIVONIA

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

ST MARY MERCY LIVONIA

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST MARY MERCY LIVONIA

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

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

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

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

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ST JOSEPH MERCY LIVINGSTON

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

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

**Part V Facility Information** (continued)

**Billing and Collections**

ST JOSEPH MERCY LIVINGSTON

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST JOSEPH MERCY LIVINGSTON

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

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

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

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

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

Form and Line Reference	Explanation
See Add'l Data	



**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 100

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, \$77,317,704, 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 GAINING WORK EXPERIENCE, 60 DEPARTMENT COLLEAGUES MENTORED AND GUIDED THE STUDENTS. 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.

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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



**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT - THE HOSPITALS IN TH-MI ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THEIR OVERALL COMMUNITIES. IN THE ASSESSMENT OF THEIR COMMUNITIES, THE HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, COMMITTEE MEETINGS WITH MEDICAL STAFF (PHYSICIANS) AND DEPARTMENT STAFF, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>ST. JOSEPH MERCY ANN ARBOR:SAINT JOSEPH MERCY HEALTH SYSTEM (SJMHS) IS A SUBURBAN HEALTH CARE NETWORK SERVING WASHTENAW, LIVINGSTON, EASTERN JACKSON, LENAWEE, MONROE, WESTERN WAYNE , AND SOUTHWESTERN OAKLAND COUNTIES. THE SJMHS HEALTH CARE NETWORK INCLUDES FIVE HOSPITALS : ST. JOSEPH MERCY ANN ARBOR, ST. MARY MERCY HOSPITAL IN LIVONIA, ST. JOSEPH MERCY CHELSEA , ST. JOSEPH MERCY OAKLAND IN PONTIAC, AND SAINT JOSEPH MERCY LIVINGSTON IN HOWELL. COMBIN ED, THESE HOSPITALS ARE LICENSED FOR 1,726 INPATIENT BEDS. THE SJMAA SERVICE AREA IS DEFIN ED AS THE POPULATION OF WASHTENAW COUNTY. WASHTENAW COUNTY IS ESTIMATED TO HAVE A POPULATI ON OF 358,081 AS OF DECEMBER 2014 (SEMCOG). THE POPULATION UNDER AGE 18 HAS CONSISTENTLY D ECLINED OVER THE PAST FOUR YEARS WHILE THE OVER-65 POPULATION HAS GROWN. IN 2014, 12% OF T HE POPULATION WAS 65 AND OLDER. WASHTENAW COUNTY'S POPULATION IS RACIALLY DIVERSE WITH 76. 2% WHITE, 13.9% BLACK, 9.4% ASIAN, AND 0.6% NATIVE AMERICAN IN JULY 2014. INCOME AND POVER TY ARE SIGNIFICANT INDICATORS OF HEALTH AND LIFE EXPECTANCY. EDUCATION LEVEL IS ALSO SIGNI FICANTLY CONNECTED WITH INCOME LEVEL AND POVERTY. IN WASHTENAW COUNTY, THE MEDIAN HOUSEHOL D INCOME IS \$60,805. THIS IS SIGNIFICANTLY HIGHER THAN THE MEDIAN INCOME OF MICHIGAN IN GE NERAL, WHICH IS \$49,087. IT IS ALSO HIGHER THAN THE U.S. MEDIAN INCOME OF \$52,482. HOWEVER , OBSERVING THE PERCENTAGE OF THOSE LIVING IN POVERTY BASED ON GEOGRAPHICAL LOCATION DEMON STRATES THAT THERE ARE SPECIFIC AREAS OF WASHTENAW COUNTY THAT ARE EXPERIENCING HIGHER RAT ES OF POVERTY COMPARED TO THE REST OF THE COUNTY AND THE STATE.MERCY HEALTH SAINT MARY'S G RAND RAPIDS:KENT COUNTY IS CONSIDERED THE PRIMARY MARKET AREA OF MHSM. KENT COUNTY IS LOCA TED IN WESTERN MICHIGAN AND IS THE FOURTH LARGEST POPULOUS COUNTY IN THE STATE. THE COUNTY IS COMPOSED OF 21 TOWNSHIPS, FIVE VILLAGES, AND NINE CITIES COVERING 864 SQUARE MILES. GR AND RAPIDS IS THE COUNTY SEAT AND IS 30 MILES FROM LAKE MICHIGAN. THE HEALTH CARE RESOURC E S IN KENT COUNTY INCLUDE MERCY HEALTH SAINT MARY'S, METROPOLITAN HEALTH (UNIVERSITY OF MIC HIGAN HEALTH), SPECTRUM HEALTH-BUTTERWORTH CAMPUS, SPECTRUM HEALTH-BLODGETT CAMPUS, PINE R EST CHRISTIAN MENTAL HEALTH SERVICES, AND MARY FREE BED REHABILITATION HOSPITAL. IN ADDITI ON, THE HEALTH DEPARTMENT OPERATES SIX PUBLIC HEALTH CLINICS THROUGHOUT THE COUNTY THAT OF FER PERSONAL HEALTH SERVICES. THERE WERE AN ESTIMATED 653,786 PEOPLE RESIDING IN KENT COUN TY AS OF JULY 1, 2018. THE MEDIAN HOUSEHOLD INCOME FOR KENT COUNTY IS \$57,302 WITH 10.4% O F 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 POPULA TION 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 UNEMPLOYMEN T RATE IS 3.1%, UP FROM 2.7% FROM AUGUST 2018.ST. JOSEPH MERCY OAKLAND (PONTIAC):THE GEOGR APHIC 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, SPECIFICA LLY THE CITY OF PONTIAC, LOCATED IN SOUTHEASTERN MICHIGAN. OAKLAND COUNTY IS THE SECOND MO ST POPULATED COUNTY IN MICHIGAN BEHIND WAYNE COUNTY, WITH APPROXIMATELY 1.2 MILLION RESIDE NTS IN 62 CITIES, VILLAGES, AND TOWNSHIPS. THE ROBERT WOOD JOHNSON FOUNDATION RANKS OAKLAN D 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 UNDE RSERVED FOR HAVING TOO FEW PRIMARY CARE PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY, AN D 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 N OW 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 BU T BECAUSE IT IS SURROUNDED BY AFFLUENT COMMUNITIES, CREATING A SILO OF UNDERSERVED RESIDEN TS. PONTIAC IS THE ONLY FEDERALLY DESIGNATED MEDICALLY UNDERSERVED COMMUNITY IN OAKLAND CO UNTY 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-MIL E RADIUS OF THE HOSPITAL. THIS INCLUDES ZIP CODES OF WESTLAND, CANTON, LIVONIA, NORTHVILLE CITY, NORTHVILLE TOWNSHIP, PLYMOUTH, PLYMOUTH TOWNSHIP, REDFORD, FARMINGTON HILLS, AND FA RMINGTON. 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. ST. JOSEPH MERCY HEALTH SYSTEM (ANN ARBOR): THE WASHTENAW HEALTH PLAN (WHP) REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW COUNTY, THE UNIVERSITY OF MICHIGAN AND SJMAA TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR THE MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY. SJMHS SUPPORTS THIS PROGRAM BY PROVIDING STAFF SUPPORT TO HELP PATIENTS GAIN ACCESS TO A MEDICAL HOME. THE HOSPITALS ALSO PROVIDE THIS POPULATION WITH FREE OR REDUCED-FEE CLINICAL SERVICES. SJMAA WAS THE LEAD AGENCY IN THE ORIGINATION OF THE WASHTENAW HOUSING ALLIANCE (WHA), A COALITION OF NINE SOCIAL SERVICE AGENCIES DEALING WITH HOUSING OF VARIOUS TYPES, WHOSE MISSION IS TO END HOMELESSNESS IN WASHTENAW COUNTY. IN ADDITION, SJMHS AND ITS BOARD MEMBERS WERE KEY IN BUILDING THE DELONIS CENTER IN DOWNTOWN ANN ARBOR. THIS CENTER PROVIDES NEEDED ACCOMMODATIONS FOR THE HOMELESS, AS WELL AS SOCIAL AND HEALTH SUPPORT SERVICES. IN 2015, SJMAA BECAME A PART OF THE WASHTENAW COUNTY COORDINATED FUNDERS, A PUBLIC-PRIVATE COLLABORATIVE FUNDING PARTNERSHIP WORKING TO FUND SOCIAL SERVICES AGENCIES ACROSS COMMUNITY-LEVEL OUTCOMES IN THE AGING, SAFETY NET HEALTH, CRADLE TO CAREER, NUTRITION, AND HOUSING AND HOMELESSNESS SECTORS. SJMAA ALSO SUPPORTS AVALON HOUSING'S FUSE PROGRAM, WHICH PROVIDES CARE AND RESOURCES TO HOMELESS INDIVIDUALS EXPERIENCING MENTAL HEALTH, SUBSTANCE USE DISORDER, AND CHRONIC ILLNESSES, BY SECURING HOUSING AND NECESSARY SOCIAL SERVICES THROUGH A PERMANENT SUPPORTIVE HOUSING MODEL. SJMAA IS A PARTNER IN THE COLLABORATIVE FUNDING MODEL, WASHTENAW COORDINATED FUNDING. THE MODEL CONSISTS OF SEVEN PARTNERS MEETING THE NEEDS OF OUR COMMUNITY'S MOST VULNERABLE IN FOUR PRIORITY AREAS THROUGH THREE FUNDING COMPONENTS INTENDED TO: SUPPORT HUMAN SERVICES PROGRAMMING; BUILD NONPROFIT CAPACITY; AND FOSTER COMMUNITY COLLABORATION AND SYSTEMS-LEVEL CHANGE. THE THREE DISTINCT COMPONENTS WITHIN THE MODEL (SECTOR LEADERS, PROGRAM OPERATIONS FUNDING AND CAPACITY BUILDING GRANTS) ARE DESIGNED TO PREVENT GAPS AND AVOID REDUNDANCIES IN SERVICES, WHILE STREAMLINING APPLICATION AND REPORTING PROCEDURES FOR GRANTEEES. SJMAA IS CONTRIBUTING FUNDING TO THE MODEL, AND DEDICATING STAFF TIME AND OTHER RESOURCES EACH YEAR. ALL FUNDING DISTRIBUTED THROUGH THIS MODEL IS ALIGNED WITH SJMAA'S PRIORITY HEALTH AREAS OF BEHAVIORAL HEALTH AND OBESITY. SJMAA ALSO PROVIDES CLINICAL STAFF SUPPORT TO LOCAL ORGANIZATIONS PROVIDING SUBSIDIZED CARE OPPORTUNITIES, INCLUDING CORNER HEALTH, WHICH FOCUSES ON YOUTH. SJMAA AND ITS PHYSICIAN NETWORK, IHA, ALSO WORK TOGETHER WITH EASTERN MICHIGAN UNIVERSITY TO RUN A CLINIC PROXIMATE TO ITS CAMPUS AND ZIP CODES SEEING A GAP IN CARE. MERCY HEALTH SAINT MARY'S GRAND RAPIDS: IN APRIL 2016, MHSM OPENED A CONCIERGE MEDICINE DEPARTMENT WHICH PROVIDES 24/7 ACCESS TO A PRIMARY CARE PHYSICIAN. TO ALIGN WITH MHSM'S MISSION STATEMENT TO PROVIDE CARE FOR THE POOR AND UNDERSERVED, 10% OF THE REVENUE FROM THE CONCIERGE MEDICINE DEPARTMENT WILL BE REALLOCATED TO FUND PROGRAMS THAT SUPPORT THE POOR AND UNDERSERVED MEMBERS OF THE COMMUNITY. IN FY20, THE TOTAL GRANT AMOUNT AWARDED WAS \$110,000 WHICH WAS GIFTED TO THREE COMMUNITY ORGANIZATIONS WITH PROGRAMS THAT ALIGN WITH MHSM'S CHINA IMPLEMENTATION STRATEGY. THE FAMILY OUTREACH CENTER WAS GRANTED \$40,000 TO PROVIDE BEHAVIORAL HEALTH TREATMENT AND SUPPORT SERVICES TO THOSE WHO ARE UNDOCUMENTED, UNINSURED, OR UNDERINSURED WITH LIMITED INCOME. TO ACCOMPLISH THIS, BEHAVIORAL HEALTH COUNSELING HAS BEEN INTEGRATED WITH PRIMARY CARE SERVICES AT THREE COMMUNITY CLINICS SERVING VULNERABLE POPULATIONS. IN THIS FINAL YEAR OF AWARD, COUNSELING SERVICES WERE EXPANDED TO INCLUDE A SPANISH SPEAKING COUNSELOR. THE HISPANIC CENTER OF WEST MICHIGAN WAS GRANTED \$35,000 TO COLLABORATE WITH THE KIDNEY FOUNDATION OF MICHIGAN (NKFM) TO TRAIN PERSONNEL TO DELIVER KIDNEY FOUNDATION DIABETES IMPROVEMENT MATERIALS, IMPROVE NUTRITION KNOWLEDGE AND BEHAVIORS OF 250 HISPANIC PERSONS WITH DIABETES, AND REDUCE FOOD INSECURITY AMONG THE HISPANIC POPULATION. PROPOSED ACTIVITIES INCLUDE COLLABORATION WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE CULTURALLY SENSITIVE NUTRITION EDUCATION AND ACTIVITIES, SNAP PROGRAM USE, GROCERY STORE TOURS, AND COOKING DEMONSTRATIONS CROSS PROMOTED BY THE KIDNEY FOUNDATION. THE NATIONAL KIDNEY FOUNDATION OF MICHIGAN (NKFM) WAS GRANTED \$35,000 TO COLLABORATE WITH THE HISPANIC CENTER TO TRANSLATE THE EVIDENCE-BASED DIABETES CURRICULUM INTO SPANISH, TRAIN THREE HISPANIC CENTER STAFF MEMBERS REGARDING DIABETES, AND ENGAGE 55 HISPANIC PERSONS IN THE NKFM DIABETES EMPOWERMENT PROGRAM (DIP). FUNDING WAS PROVIDED TO PROVIDE PROFESSIONAL TRANSLATION OF DIP INTO SPANISH. DIP EMPOWERS COHORTS OF 15-20 PEOPLE WITH TYPE 2 DIABETES TO CREATE HEALTHY LIFESTYLE CHANGE HABITS DURING THE YEARLONG PROGRAM. THE FOCUS IS ON INCREASING PHYSICAL ACTIVITY, HEALTH FOOD SELECTION</p>



Form and Line Reference	Explanation
PART VI, LINE 5:	<p>TION, AND GRADUAL WEIGHT LOSS TO ACHIEVE OUTCOMES OF 5%-7% WEIGHT REDUCTION AND AN AVERAGE 150 WEEKLY PHYSICAL ACTIVITY MINUTES. ST. JOSEPH MERCY OAKLAND (PONTIAC): SJMO CONTINUES T O STRENGTHEN ITS SENIOR FIT PROGRAM, EXPANDING TO SERVE MORE THAN 900 SENIORS IN 21 LOCATI ONS ACROSS OAKLAND COUNTY, PROVIDING BASIC PRE AND POST HEALTH SCREENING, AND A THREE-TIME S-A-WEEK EXERCISE PROGRAM FOR SENIORS. THIS PROGRAM SUPPORTS BOTH THEIR PHYSICAL AND EMOTI ONAL HEALTH. THROUGH THE MERCY SUPPORT PROGRAM, OVER 2,000 LOW-INCOME AND AT-RISK PERSONS WERE SERVED, WHILE MORE THAN 8,000 PATIENTS WERE SERVED THROUGH THE INDIGENT PROCUREMENTS AND MERCY SUPPORT PRESCRIPTION PROGRAMS. AS A CERTIFIED "BABY-FRIENDLY" HOSPITAL, WE ACTIVE LY SUPPORT AND PROMOTE BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HE ALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. A WEEKLY BREASTFEEDING SUPPORT GROUP CON TINUES 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. SJMO INTRODUCED THE PRESCRIPTION FOR HEALTH PROGR AM TO PATIENTS IN FY18 AND CONTINUED THIS GRANT FUNDED COMMUNITY PARTNERSHIP IN FY20. THE PRESCRIPTION FOR HEALTH PROGRAM IS A COLLABORATION WITH OAKLAND UNIVERSITY, THE OAKLAND CO UNTY HEALTH DEPARTMENT, AND THE CENTER FOR DISEASE CONTROL. THIS GRANT WILL SPAN THROUGH F Y21. THROUGH COMMUNITY HEALTH PROMOTION, A TEAM OF COMMUNITY HEALTH WORKERS (CHWS) NOW ADD RESSES SOCIAL DETERMINANTS OF HEALTH SCREENINGS. THESE CHWS UTILIZE A SIOH TOOL EMBEDDED W ITHIN PATIENT RECORD SYSTEM EPIC TO SCREEN, IDENTIFY AND REFER PATIENTS IN NEED OF SOCIAL SUPPORT RESOURCES TO THE APPROPRIATE COMMUNITY AGENCIES THROUGH A CLOSED LOOP REFERRAL SYS TEM. THE PROCESS OF IDENTIFYING AND SUPPORTING MARGINALIZED PATIENTS WITH SOCIAL SUPPORT R ESOURCES AIMS TO REDUCE READMISSIONS AND IMPROVE OVERALL PATIENT HEALTH PREVENTION PRACTIC ES. ST. MARY MERCY LIVONIA: SMML CONTINUED TO OFFER ROBUST INPATIENT BEHAVIORAL MEDICINE S ERVICES TO RESPOND TO THE COMMUNITY NEEDS. PSYCHIATRIC SOCIAL WORKERS IN EMERGENCY CARE AS SIST PATIENTS AND THEIR FAMILIES IN THE AUTHORIZATION PROCESS FOR INPATIENT ADMISSION OR I N CONNECTING THEM WITH OUTPATIENT SERVICES AVAILABLE IN THE COMMUNITY. A SUBSTANCE USE DIS ORDER (SUD) CONSULTATIVE SERVICE IMPLEMENTED AT THE END OF FY20 ACTED AS A NAVIGATOR TO GU IDE PATIENTS THROUGH THE EARLY TREATMENT PROCESS, ENGAGE PATIENTS WITH PEER RECOVERY COACH ING, AND LINK AND COORDINATE WITH SERVICES INTERNAL AND EXTERNAL TO THE HOSPITAL. THE PEER RECOVERY COACHING PROGRAM CONTINUED IN PARTNERSHIP WITH GROWTH WORKS AND WESTERN WAYNE RE SCUE RECOVERY. THIS COLLABORATION HELPS CONNECT INDIVIDUALS WITH THE LEGAL AND MEDICAL RES OURCES THEY NEED TO HELP SUPPORT THEM ON THEIR JOURNEY TO RECOVERY. ST. JOSEPH MERCY LIVING STON: SJML ACTIVELY SUPPORTS COMMUNITY ENTITIES, INCLUDING LIVINGSTON COUNTY PUBLIC HEALTH, LIVINGSTON COUNTY CATHOLIC CHARITIES (WHICH HOUSES THE LIVINGSTON COUNTY SUBSTANCE ABUSE PREVENTION COALITION), LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH, AND THE LOCAL HUMAN SERV ICES COLLABORATIVE BODY. SUPPORT FOR THESE ORGANIZATIONS INCLUDES BUT IS NOT LIMITED TO: S EATS ON VARIOUS BOARDS, SJML STAFF MEMBERS' PRESENCE AT WORKGROUPS WITHIN COLLABORATIONS S UPPORTING THE WORK OF THESE AGENCIES, AND MONETARY OR IN-KIND STAFF TIME AT EVENTS PROMOTI NG HEALTH TO THE GENERAL PUBLIC. SJML ALSO SUPPORTS THE LOCAL FOOD BANK THROUGH DONATIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>TH-MI IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2020, EVERY TRINITY HEALTH ENTITY FOCUSED ON: 1. REDUCING TOBACCO USE 2. REDUCING OBESITY PREVALENCE3. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH 4. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENTADDITIONALLY, IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS MOBILIZED NATIONAL INFRASTRUCTURE TO ASSESS THE MOST URGENT NEEDS IN THEIR COMMUNITIES. TRINITY HEALTH MEMBER HOSPITALS STRENGTHENED PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND COLLABORATED WITH MEDICAL GROUPS AND CLINICALLY INTEGRATED NETWORKS PROVIDING DIRECT PATIENT CARE TO ENSURE THAT PATIENT SOCIAL NEEDS WERE MET IN THE COMMUNITY. LIKEWISE, MEMBER HOSPITALS ACCELERATED THEIR SOCIAL SERVICES RESPONSE BY ESTABLISHING SOCIAL CARE PROGRAMS TO CONNECT PATIENTS, COLLEAGUES AND COMMUNITY MEMBERS TO LOCAL SOCIAL SERVICES SUCH AS: FOOD, HOUSING, FINANCIAL ASSISTANCE AND ACCESS TO HEALTH CARE. FROM MARCH THROUGH JUNE, SOCIAL CARE MADE OVER 103,000 CONNECTIONS, AND TRINITY HEALTH PROVIDED OVER 44,000 MEDICAL SERVICES TO THOSE WHO ARE HOMELESS AND THROUGH COMMUNITY TESTING EVENTS. SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH INVESTED \$3.7 MILLION IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), WHICH INITIALLY LAUNCHED IN FISCAL YEAR 2016. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS, AND THEIR COMMUNITY PARTNERS, TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN ADDITION TO TRINITY HEALTH'S INVESTMENT, TCI HAS LEVERAGED OVER \$12.4 MILLION IN COMMUNITY MATCH FUNDING TO DATE. IN FISCAL YEAR 2020, IN RESPONSE TO COVID-19, TCI SWIFTLY SHIFTED THEIR FOCUS IN MARCH TO ADDRESSING FOOD INSECURITY, HEALTH CARE WORKER PROTECTIVE EQUIPMENT, SUPPORTING CLOSED SCHOOLS TO EFFECTIVELY REACH CHILDREN, MENTAL HEALTH INTERVENTIONS, AND EMERGENCY AID/FINANCIAL ASSISTANCE DIRECTLY TO INDIVIDUALS IN NEED. OVERALL, TCI COMMUNITIES REDIRECTED NEARLY \$520,000 TO SUPPORT COVID-19 RELATED NEEDS.TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HELPED 2,374 PARTICIPANTS COLLECTIVELY LOSE 15,382 POUNDS FROM JANUARY 2018 THROUGH SEPTEMBER 2020. IN MARCH 2020, WITH THE SURGE OF COVID-19 SPREADING ACROSS THE COUNTRY, TRINITY HEALTH MEMBER HOSPITALS TRANSITIONED NEARLY 90% OF ALL IN-PERSON NDPP COHORTS TO AN ONLINE VERSION OF THE LIFESTYLE CHANGE PROGRAM.TRINITY HEALTH DEPLOYED \$5.1 MILLION IN NEW AND RENEWED LOANS FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATIONAL SCHOLARSHIPS, AND ECONOMIC DEVELOPMENT. ADDITIONALLY, TRINITY HEALTH WORKED WITH ALL OF ITS BORROWERS THAT HAD LOANS COMING DUE IN THE MIDST OF THE SPRING COVID-19 SURGE TO EXTEND THEIR LOANS FOR SIX MONTHS. THIS ACTION ALLOWED MORE THAN \$2.9 MILLION IN INVESTMENTS TO REMAIN IN THE FIELD AND PROVIDED BREATHING ROOM TO OUR COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION PARTNERS THAT WERE SERVING OUR COMMUNITIES DURING THE CRISIS. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$9.6 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2020, TRINITY HEALTH INVESTED OVER \$1.3 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. COVID-19 ACCOUNTED FOR NEARLY \$4.9 MILLION IN PROGRAMMATIC COMMUNITY BENEFIT EXPENSES AND ACTIVITIES, INCLUDING COMMUNITY TESTING AND EDUCATION, INCIDENT COMMAND CENTERS, SUPPORT FOR LOCAL ORGANIZATIONS (PROVIDING PPE, OTHER SUPPLIES, STAFF TIME), SOCIAL SUPPORTS (FOOD, HOUSING, MENTAL HEALTH, CHILDCARE), AND OTHER COMMUNITY DISASTER PREPAREDNESS EFFORTS.FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.</p>

Form and Line Reference	Explanation
CONTINUATION OF PART VI LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>ST. JOSEPH MERCY HEALTH SYSTEM (ANN ARBOR): AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, A TESTING SITE WAS SET UP ON THE SJMAA CAMPUS TO PROVIDE TESTING ACCORDING TO STATE AND CDC GUIDELINES, AND COVID-19-SPECIFIC UNITS WERE ADDED. SJMAA WORKED WITH WASHTENAW COUNTY HEALTH DEPARTMENT, THE COUNTY OFFICE OF EQUITY, MICHIGAN MEDICINE, AND A LOCAL FQHC TO PROVIDE POP-UP TESTING LOCATIONS IN AREAS WHERE THERE WAS A GREATER INCIDENCE RATE OF POSITIVE TESTS, EMBEDDED IN BLACK AND LATINO NEIGHBORHOODS. ADDITIONALLY, THE COMMUNITY HEALTH AND WELL BEING COLLEAGUES SUPPORTED PERSONS UNDER INVESTIGATION (PUI) THROUGH SOCIAL CARE CALLS AND FOLLOW UP, AND MADE CONNECTIONS TO THE HEALTH SYSTEM'S COVID-19 HOTLINE TO ASSIST COMMUNITY MEMBERS IN MEETING THEIR SIOH AND TESTING ACCESS NEEDS. THE FARM AT ST. JOE'S SET UP A COVID FOOD ASSISTANCE PROGRAM TO HELP THOSE PATIENTS AND COMMUNITY MEMBERS EXPERIENCING FOOD INSECURITY, ESPECIALLY THOSE WHO WERE HOMEBOUND, GAIN ACCESS TO WEEKLY FOOD DELIVERY IN PARTNERSHIP WITH TWO LOCAL AGENCIES. THE FARM ALSO WORKED WITH A LOCAL FOOD PROVIDER TO SET UP AN ONLINE FARMERS MARKET IN COLLABORATION WITH LOCAL FARMS. MERCY HEALTH SAINT MARY'S GRAND RAPIDS: AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, COMMUNITY TOWN HALLS WERE HOSTED WITH MERCY HEALTH SAINT MARY'S (MHSM) PRESIDENT TO PROVIDE INFORMATION TO RESIDENTS IN THE SURROUNDING COMMUNITIES, INCLUDING KENT COUNTY. A DRIVE-THRU COVID-19 TESTING LOCATION, WITH THE ASSOCIATED EXPENSES OF TENTS, PARKING BARRIERS, AND "IT" INFRASTRUCTURE, WERE SET UP ON THE MHSM CAMPUS, AND COVID-19-SPECIFIC UNITS WERE IDENTIFIED. MHSM ADMINISTERED COVID-19 TESTS TO THE MEL TROTTER CLIENT POPULATION IN GRAND RAPIDS AND KENT COUNTY, AND CREATED SCREENING STATIONS FOR ALL VISITORS AND PATIENTS ON CAMPUS AND AT OFF-SITE LOCATIONS. MHSM ALSO ACTIVATED AN INCIDENT COMMAND CENTER, COLLEAGUE HEALTH HOTLINE, AND COLLEAGUE COVID-19 TESTING LOCATION. ADDITIONALLY, THE COMMUNITY HEALTH AND WELL-BEING COLLEAGUES SUPPORTED PERSONS UNDER INVESTIGATION (PUI) THROUGH SOCIAL CARE CALLS AND FOLLOW UP, AND SET UP A CONNECTION THROUGH THE HEALTH SYSTEM'S COVID-19 HOTLINE TO ASSIST COMMUNITY MEMBERS IN MEETING WITH SIOH AND TESTING ACCESS NEEDS. ST. JOSEPH MERCY OAKLAND (PONTIAC): AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, A TESTING SITE WAS SET UP OUTSIDE OF THE SJMO EMERGENCY DEPARTMENT TO PROVIDE TESTING ACCORDING TO STATE AND CDC GUIDELINES. COVID-19-SPECIFIC UNITS WERE ADDED AND WORK WAS DONE WITH THE OAKLAND COUNTY HEALTH DEPARTMENT, AS WELL AS LONG-TERM CARE FACILITIES, TO COLLABORATE AND PROVIDE RESOURCES. WEEKLY COMMUNITY PARTNER MEETINGS WITH POST-ACUTE PARTNERS, INCLUDING LONG-TERM CARE FACILITIES, HOME HEALTH CARE AGENCIES, AND OAKLAND COUNTY OFFICIALS, DISCUSSED PREPAREDNESS AND DEVELOPED SHARED STRATEGIES TO CARE FOR COVID-19 PATIENTS AND RESIDENTS. ADDITIONALLY, THE COMMUNITY HEALTH AND WELL-BEING COLLEAGUES SUPPORTED PERSONS UNDER INVESTIGATION (PUI) THROUGH SOCIAL CARE CALLS AND FOLLOW UP. ST. MARY MERCY LIVONIA: SMML CONTINUED TO PROVIDE MEETING SPACE FOR A VARIETY OF SUBSTANCE USE DISORDER AND MENTAL HEALTH SUPPORT GROUPS. THE HOSPITAL ALSO PROVIDED MEETING SPACE FOR OVEREATERS ANONYMOUS TO SUPPORT ADULTS IN THEIR EFFORTS TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT. THE HEALTHY LIVONIA INITIATIVE COORDINATED BY SMML IS A PARTNERSHIP WITH THE CITY OF LIVONIA, THE LIVONIA CHAMBER OF COMMERCE, LIVONIA PUBLIC SCHOOLS, AND LIVONIA PARKS AND RECREATION TO PROVIDE A COMMUNITY-WIDE FOCUS ON HEALTHY LIVING IN LIVONIA. THIS INCLUDES FUNDING TO SUPPORT INFRASTRUCTURE AS PART OF THE LIVONIA BIKE-WALK PLAN. THE SOCIAL SUPPORT COMMUNITY COALITION, INITIATED IN FY20, INTENDED TO ADDRESS SOCIAL ISOLATION IN LIVONIA. COALITION MEMBERS INCLUDED PUBLIC SAFETY, THE HOUSING COMMISSION, THE SENIOR ALLIANCE (AREA AGENCY ON AGING- 1C), AND INTERNAL STAKEHOLDERS. WORK HAD JUST STARTED WHEN THE PANDEMIC HIT. THE GOALS INCLUDED SEEKING AARP AGE-FRIENDLY STATUS FOR THE CITY OF LIVONIA, IN ADDITION TO LEVERAGING COLLABORATIVE EFFORTS ON SOCIAL SUPPORT. AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, A TESTING TENT WAS SET UP OUTSIDE OF THE SMML EMERGENCY DEPARTMENT TO PROVIDE TESTING ACCORDING TO STATE AND CDC GUIDELINES, AND COVID-19-SPECIFIC UNITS WERE ADDED. SMML WORKED WITH COMMUNITY PARTNERS TO MAINTAIN UTILIZATION OF HEALTH CARE SERVICES, ESPECIALLY AS DEATHS AT HOME WERE RISING. ADDITIONALLY, THE COMMUNITY HEALTH AND WELL-BEING COLLEAGUES SUPPORTED PERSONS UNDER INVESTIGATION (PUI) THROUGH SOCIAL CARE CALLS AND FOLLOW UP, AND MADE CONNECTIONS THROUGH THE HEALTH SYSTEM'S COVID-19 HOTLINE TO ASSIST COMMUNITY MEMBERS IN MEETING THEIR SIOH AND TESTING ACCESS NEEDS. ST. JOSEPH MERCY LIVINGSTON: AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, A TESTING SITE WAS SET UP ON THE SJML CAMPUS TO PROVIDE TESTING ACCORDING TO STATE AND CDC GUIDELINES, AND COVID-19-SPECIFIC UNITS WERE ADDED. SJML STAYED IN REGULAR COMMUNICATION WITH THE LOCAL HEALTH DEPARTMENT TO ALIGN ON COLLABORATIVE OPPORTUNITIES FOR TESTING.</p>

Form and Line Reference	Explanation
CONTINUATION OF PART VI LINE 5 - PROMOTION OF COMMUNITY HEALTH	G EXPANSION TO SUPPORT COMMUNITY MEMBERS. ADDITIONALLY, THE COMMUNITY HEALTH AND WELL-BEING COLLEAGUES SUPPORTED PERSONS UNDER INVESTIGATION (PUI) THROUGH SOCIAL CARE CALLS AND FOLLOW UP AND MADE CONNECTIONS THROUGH THE HEALTH SYSTEM'S COVID-19 HOTLINE TO ASSIST COMMUNITY MEMBERS IN MEETING THEIR SIOH AND TESTING ACCESS NEEDS.

**Additional Data**

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

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>5</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST JOSEPH MERCY ANN ARBOR 5301 MCAULEY DR YPSILANTI, MI 48197 WWW.STJOESHEALTH.ORG LICENSE 1060000071	X	X		X			X			
2	MERCY HEALTH ST MARY'S 200 JEFFERSON STREET SE GRAND RAPIDS, MI 49503 WWW.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/A LINE 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 DISORDERS 2. OBESITY AND RELATED ILLNESSES 3. 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/A LINE 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/A LINE 3E: ST. JOSEPH MERCY OAKLAND (SJMO) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED 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 ABUSE 2. OBESITY/DIABETES 3. HEART DISEASE 4. MATERNAL HEALTH EDUCATION



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

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

Form and Line Reference	Explanation
ST. MARY MERCY LIVONIA	PART V, SECTION B, LINE 3J: N/A LINE 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 PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. NUTRITION/HEALTHY EATING 2. SUBSTANCE USE DISORDER (ABUSE) 3. MENTAL HEALTH 4. ACCESS TO CARE 5. PHYSICAL ACTIVITY

**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 &amp; 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 (CHNA) STEERING COMMITTEE LED THE ASSESSMENT PROCESS FROM JUNE 2017 THROUGH JUNE 2018, WITH THE INTENT THAT SOME OF THEM WOULD CONTINUE AS MEMBERS OF THE IMPLEMENTATION WORK GROUP(S). THESE PARTNERS INCLUDED REPRESENTATIVES FROM THE WAYNE COUNTY DEPARTMENT OF HEALTH, VETERANS &amp; COMMUNITY HEALTH, LIVONIA AND SOUTH REDFORD SCHOOL DISTRICTS, WAYNE HOPE CLINIC, MADONNA UNIVERSITY, JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION, PLYMOUTH COMMUNITY UNITED WAY, 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 DEVELOPED IN JULY 2017 EVALUATED THE CHANGING HEALTH NEEDS IN THE SMML SERVICE AREA. THE SURVEY TOOL BRANDED "MAKING A DIFFERENCE IN THE HEALTH OF OUR COMMUNITY" WAS COMPOSED OF 38 QUESTIONS ABOUT ACCESS TO CARE, PERSONAL HEALTH BEHAVIORS, PERCEIVED COMMUNITY HEALTH NEEDS, AND PARTICIPANT 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. FORUM INVITATIONS SENT WERE TO COMMUNITY LEADERS AND ORGANIZATIONS WITH A FOCUS ON REPRESENTING THOSE WHO ARE UNDERSERVED OR LOW INCOME. IN ADDITION, 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. IN FY20, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PARTNER MID-POINT MEETING WAS CONDUCTED TO PROVIDE AN UPDATE ON THE PROGRESS OF THE IMPLEMENTATION PLAN DURING THE FIRST YEAR.

**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 AND SUBSTANCE USE - IN FY20, SJMAA CONTINUED WORKING 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, ENHANCED SUPPORT THROUGH OUR GREENBROOK RECOVERY CENTER FOR THOSE EXPERIENCING CRISIS IN THE EMERGENCY DEPARTMENT AND INPATIENT, AND EXPANDED INTEGRATION OF MENTAL HEALTH PROVIDER SUPPORT WITHIN THE PHYSICIAN NETWORK ACROSS SEMI; - INVOLVEMENT IN MENTAL HEALTH MILLAGE STRATEGIC PLANNING TO INCORPORATE ENHANCEMENT OF ALIGNED MENTAL HEALTH SERVICE PROVISION ACROSS THE COUNTY; - 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 FY 20, SJMAA CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING RISING OBESITY RATES IN OUR COMMUNITY. SJMAA SUPPORTED 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, ENHANCED RELATIONSHIPS WITH LOCAL FARMERS AND FOOD PROVIDERS THROUGH FARM PARTNERSHIPS TO INCREASE FOOD AVAILABILITY TO OUR MOST VULNERABLE COMMUNITY MEMBERS, AND CONTINUED FUNDING SUPPORT FOR DOUBLE UP FOOD BUCKS EXPANSION INTO GROCERY STORES; - INVOLVEMENT IN LOCAL AND STATE POLICY CONVERSATIONS TO ENHANCE FOOD SYSTEMS FOR COMMUNITY MEMBERS, IN PART THROUGH THE WASHTENAW COUNTY FOOD POLICY COUNCIL; 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 FY20, SJMAA CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING PRECONCEPT</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	<p>UAL/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 (I.E. CENTERING PREGNANCY);- SUPPORTING WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE ACHIEVEMENT OF BABY-FRIENDLY DESIGNATION;- EXPLORING THE OPPORTUNITY TO EXPAND PERINATAL SERVICES THROUGH ENHANCED COMPREHENSIVE MENTAL, PHYSICAL, AND SOCIAL INFLUENCER OF HEALTH (SIOH ) SUPPORT IN THE DEVELOPMENT OF A PERINATAL WELLNESS CENTER;- IMPROVING SUPPORT FOR PATIENTS AND VISITORS TO BE ABLE TO BREASTFEED ON OUR HOSPITAL SITE THROUGH ADDITIONAL PRIVATE BREASTFEEDING SPACES;- OFFERING WOMEN AND THEIR PARTNERS OPPORTUNITIES TO BE PREPARED TO ENTER INTO PARENTHOOD THROUGH OFFERING BIRTH, BREASTFEEDING, AND PARENTING PREPARATORY COURSES; AND- SUPPORTING INCARCERATED WOMEN THROUGH PRENATAL, BIRTH, AND POSTNATAL SUPPORT THROUGH THE MICHIGAN PRISON DOULA INITIATIVE.</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>PART V, SECTION B, LINE 11: IN FY20, 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 CONTINUED 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 FY20, THERE WERE A TOTAL OF SIX PRIMARY CARE OFFICES THAT OFFERED MENTAL HEALTH SERVICES. ADDITIONALLY, THE GROWING COMMUNITY HEALTH WORKER (CHW) PROGRAM, WHICH DEPLOYS CHWS TO SUPPORT PATIENTS OUT IN THE COMMUNITY, IS DESIGNED TO SUPPORT THIS INITIATIVE BY NAVIGATING THIS SYSTEM WITH HIGH-RISK PATIENTS TO ENSURE ACCESS, COMPLIANCE AND TREATMENT INITIATION. DURING FY20, 113 PATIENTS WERE PART OF THE CHW PROGRAM AND HAD DOCUMENTED MENTAL HEALTH PATHWAYS (SERVICE LINES) INITIATED AND COMPLETED. SUBSTANCE ABUSE - THE ADDICTION MEDICINE PROGRAM PROVIDED MEDICALLY ASSISTED TREATMENT (MAT) AND/OR SUBSTANCE USE DISORDER SERVICES TO 323 PEOPLE (117 NEW AND 206 ALREADY ESTABLISHED PATIENTS). THE PROGRAM ALSO PROVIDED MENTAL HEALTH SERVICES SPECIFICALLY RELATED TO SUBSTANCE USE TO 379 PEOPLE (188 NEW AND 191 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</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>S THE ORGANIZATION. IN FY20 WE CONTINUED TO SEE AN IMPROVEMENT TREND WITH NEW ORDER SYSTEM IN PLACE, AND 58% OF SCREENED PATIENTS WHO WERE OVERWEIGHT OR OBESE RECEIVED REFERRALS TO EDUCATION SUPPORT PROGRAMS. FOOD INSECURITY AND MALNOURISHMENT ARE ALSO BEING ADDRESSED AS PART OF OBESITY AND POOR NUTRITION. TO ENSURE PEOPLE HAVE ACCESS TO FRESH FOOD TO SUPPORT THEIR HEALTH, THE HOSPITAL IS WORKING WITH A COMMUNITY ORGANIZATION, HEARTSIDE GLEANING INITIATIVE, TO PROVIDE GOOD FOOD BOXES TO FAMILIES IN THE COMMUNITY WHO QUALIFY FOR THE HEARTSIDE PROGRAM. IN FY20, THIS PROGRAM PROVIDED 50 FAMILIES IN THE COMMUNITY WITH BOXES FILLED WITH FRESH PRODUCE AND HEALTHY FOODS ALONG WITH TRAINING ON HEALTHY COOKING. IN ADDITION TO THE HEARTSIDE GLEANING INITIATIVE, A GRANT OF \$100,000 WAS AWARDED TO THE HISPANIC CENTER OF WESTERN MICHIGAN TO COORDINATE FOOD SECURITY AND DIABETES INFORMATION AND EDUCATION. THIS INFORMATION IS ALSO MENTIONED BELOW AS AN AWARD THAT COINCIDES WITH THE NATIONAL KIDNEY FOUNDATION WORK. THE HOSPITAL PROVIDES VARIOUS PHYSICAL ACTIVITY CLASSES THAT ARE OPEN TO THE COMMUNITY. CLASSES RANGE FROM BEGINNER'S YOGA TO CARDIO DRUMMING. WITH A GOAL TO INCREASE COMMUNITY MEMBER PARTICIPATION, SPECIAL ATTENTION IS BEING PAID TO OFFERING CLASSES THAT ARE INCLUSIVE AND ATTRACTIVE TO THOSE FROM ALL CULTURES AND FITNESS LEVELS. IN FY20, 44 COMMUNITY MEMBERS PARTICIPATED IN THE ONSITE PHYSICAL ACTIVITY CLASSES, ACCOUNTING FOR 36% OF TOTAL CLASS PARTICIPATION. DIABETES - WITH A GOAL TO REDUCE THE NUMBER OF THOSE WHO HAVE OR ARE AT RISK FOR PREDIABETES THAT COULD DEVELOP INTO TYPE 2 DIABETES, PROVIDERS ARE USING THE EMBEDDED REFERRAL METHOD IN THE ELECTRONIC MEDICAL RECORD TO REFER PATIENTS TO THE DIABETES PREVENTION PROGRAM OFFERED IN THE COMMUNITY. 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 \$150,000 TO ADDRESS DIABETES, POOR NUTRITION, HEALTH EDUCATION, ENROLLMENT IN FOOD ASSISTANCE PROGRAMS, AND TO TRAIN LIFE COACHES.</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 FY20, SJMO SUPPORTED PATIENT MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS BY ENSURING ACCESS TO APPROPRIATE QUALITY MENTAL HEALTH SERVICES THROUGH REFERRAL TO OAKLAND COUNTY HEALTH DEPARTMENT COMMON GROUND, LIGHT HOUSE OF SOUTHEASTERN MICHIGAN, AND HOPE RESPITE CARE PROGRAMS. VIRTUAL PATIENT ASSESSMENTS BY COMMUNITY HEALTH WORKERS HAVE IMPROVED PATIENT AND COMMUNITY ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT RESOURCES. SJMO CONTINUES TO SUPPORT THE BEHAVIORAL HEALTH PEER SUPPORT GROUP, WITH SUPPORT FROM THE COMMUNITY HEALTH WORKER TEAM. OBESITY AND DIABETES - SJMO IMPROVED THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES TO ADDRESS RISING OBESITY RATES IN ITS COMMUNITY. IN FY20, SJMO CONTINUED MANY OBESITY PROGRAMS FROM FY19 AND ADDED ADDITIONAL INITIATIVES. "BOOT CAMP" FOR MIDDLE SCHOOL GIRLS AND SUMMER CAMPSHIPS FOR PONTIAC SCHOOL DISTRICT STUDENTS RETURNED IN FY20. 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 WITH THE GOAL OF REDUCING OBESITY THROUGH IMPROVED EATING HABITS. SJMO SUPPORTED THE HEALTHY OAKLAND PARTNERSHIP THROUGH THE "WALK WITH A PHYSICIAN" PROGRAM, IN CONJUNCTION WITH THE LOCAL OAKLAND COUNTY FARMER'S MARKET. THE "WALK WITH A PHYSICIAN" PROGRAM PROVIDED ACCESS TO EXPERT EDUCATIONAL GUIDANCE ON THE TOPICS OF NUTRITION, CANCER PREVENTION, BP CONTROL, DIABETES HEALTH, AND SAFE USE OF MEDICATIONS. THIS PROGRAM WAS HOSTED JULY THROUGH SEPTEMBER 2019. SJMO ALSO SUPPORTED THE DOUBLE-UP BUCKS PROGRAM, WHICH DOUBLED THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR WAS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET. PONTIAC PUBLIC SCHOOL TEACHERS RECEIVED A FREE MEMBERSHIP TO THE HOSPITAL'S WELLNESS CENTER, AND ALMOST 1,000 AREA SENIORS PARTICIPATED IN "SENIOR FIT", A FREE EXERCISE CLASS. THE SENIOR FIT PROGRAM CONTINUED AT 21 LOCATIONS AROUND OAKLAND COUNTY BUT WAS SUSPENDED IN MARCH 2020 DUE TO ONGOING COVID-19 SOCIAL DISTANCING MEASURES FOR SENIORS. WE CONTINUOUSLY 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 FY20. GLEANERS FORGOTTEN HARVEST PROGRAM CONTINUED ON THE FIRST MONDAY OF EACH MONTH, WITH SOME ADJUSTMENT DUE TO COVID-19 FROM APRIL THROUGH SEPTEMBER 2020. DUE TO COVID-19, THERE WAS AN INCREASE IN DEMAND FOR PRODUCE, AS OUR PROGRAM ADJUSTED TO PREPACKED NON-PERISHABLES. 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</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>FAMILIES WITHIN OAKLAND COUNTY, CONTINUED IN FY20 WITH A FOCUS ON HOME DELIVERY OF PRODUCT. HEART DISEASE - SJMO'S DESIGNATION AS THE FIRST THROMBECTOMY CAPABLE SITE IN THE STATE OF MICHIGAN CONTINUED TO ALLOW PHYSICIANS 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. THE HOSPITAL IS COMMITTED TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES. HEART DISEASE WAS ADDRESSED INDIRECTLY THROUGH THE STRATEGIES FOR OBESITY. ACCESS TO MATERNAL EDUCATION RESOURCES - IN FY20, SJMO CONTINUED WORKING TO IMPROVE COORDINATION AND ACCESS TO EXISTING COMMUNITY RESOURCES TO HELP ADDRESS MATERNAL HEALTH SUPPORT IN ITS SERVICE AREA. SJMO'S COMMUNITY HEALTH WORKER PROGRAM TAKES A COMMUNITY HEALTH PROMOTION APPROACH TO ELIMINATE BARRIERS TO HEALTH CARE FOR LOW-INCOME RESIDENTS. COMMUNITY HEALTH WORKERS (CHWS) SUPPORT SJMO'S MOTHER BABY UNIT, WOMAN'S &amp; CHILDREN'S CENTER, AND OBGYN AMBULATORY SITES. EXPEDITING MOTHERS WITH SOCIAL SUPPORT NEEDS ARE REFERRED TO A CHW, WHO SECURES RESOURCES THROUGH APPROPRIATE AGENCIES. A PARTNERSHIP WITH THE WOMAN'S, INFANTS, AND CHILDREN'S (WIC) PROGRAM CONTINUED THROUGH THE OAKLAND COUNTY HEALTH DEPARTMENT TO FACILITATE INPATIENT AND OUTPATIENT REFERRALS. THE WIC REFERRAL PROGRAM HAS BEEN FURTHER REFINED TO INCLUDE A WIC REPRESENTATIVE ON SITE ONE DAY A WEEK TO ACCOMPANY NURSING STAFF DURING CLINICAL ROUNDING. SJMO CONTINUES TO SUPPORT WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH ITS BABY-FRIENDLY DESIGNATION. SJMO CONTINUES TO ADVOCATE FOR THE NEEDS OF NEW MOTHERS AND PARENTS WITHIN THE COMMUNITY. IN FY20, SJMO OFFERED WOMEN AND THEIR PARTNERS THE OPPORTUNITY TO PREPARE FOR PARENTHOOD THROUGH BREASTFEEDING AND PARENTING EDUCATION COURSES. SJMO ADDRESSED THE TRANSPORTATION ACCESS GAP IN THE SJMO SERVICE AREA BY OFFERING NEW MOTHERS AND OTHER COMMUNITY MEMBERS TRANSPORTATION TO MEDICAL APPOINTMENTS THROUGH A 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 FY20, 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 AND PRESENTATIONS THAT ENCOURAGE INCREASED FRUIT AND VEGETABLE INTAKE WERE CONTINUED DURING THE 2019-20 SCHOOL YEAR FOR THE THIRD GRADE CLASSES AT A TARGETED SCHOOL. A PARTNERSHIP BETWEEN SMML'S HEALTHY LIVONIA INITIATIVE AND LEADERS ADVANCING HEALTH CARE (LAHC) PROVIDED A HEALTHY LIVING PROGRAM TO THE LIVONIA PUBLIC SCHOOLS GREAT START READINESS PROGRAM (GSRP). THIS PROGRAM FOCUSED ON HEALTHY EATING AND PHYSICAL ACTIVITY AND INCLUDED PROGRAMS FOR THE PARENTS. SMML OFFERED THE EASTERN MARKET FARM STAND WEEKLY DURING THE SEASON TO ENCOURAGE ACCESS TO PRODUCE. TO ADDRESS OBESITY AND REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES, SMML COORDINATED AND CONDUCTED THE NATIONAL DIABETES PREVENTION PROGRAM.SUBSTANCE ABUSE - IN COLLABORATION WITH WELLSRING LUTHERAN SERVICES AND LIVONIA SAVE OUR YOUTH (LSOY), AN ADDICTION FORUM CONTINUED FOR THE FIFTH YEAR TO REDUCE THE STIGMA, INCREASE THE DIALOGUE AROUND SUBSTANCE USE, AND ENCOURAGE TREATMENT. THE HOSPITAL ADDRESSED TRANSITIONS OF CARE THROUGH A CONTINUED COLLABORATION WITH GROWTH WORKS, INC. TO CONTINUE THE PEER RECOVERY PROGRAM. MENTAL HEALTH- IN JANUARY 2020, A NEW GROUP TO ADDRESS YOUTH SUICIDE IN WESTERN WAYNE COUNTY WAS STARTED TO DEVELOP A CONSISTENT PLAN FOR SUICIDE PREVENTION FOR THE AREA. THE HOSPITAL AND SIX DISTRICTS HAVE COLLABORATED ON THE WORK. A PILOT PROGRAM, CRUSH THE STIGMA, AT LIVONIA'S CHURCHILL HIGH SCHOOL ADDRESSED MENTAL HEALTH. AN ASSEMBLY OF 800 STUDENTS TOOK PLACE AND THEN 1,200 STUDENTS WITNESSED CARS SMASHED BY A LOCAL COMPANY TO "CRUSH" THE STIGMA ON MENTAL HEALTH. SMML'S HEALTHY LIVONIA INITIATIVE SPONSORED THE LIVONIA CHAMBER OF COMMERCE'S ERIC HIPPLE EVENT, "REAL MEN DO CRY", TO REDUCE THE STIGMA ON MENTAL HEALTH AND DEPRESSION. BOTH EVENTS ENCOURAGED TREATMENT AND FOLLOW UP. THE OUTPATIENT PSYCHIATRIC AND COUNSELING CENTER OPENED IN JULY 2019 TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES. ACCESS TO CARE - IN FY20, SMML CONTINUED TO PROVIDE LAB SERVICES FOR WAYNE HOPKINS CLINIC THAT ENABLED COMMUNITY MEMBERS TO RECEIVE DIAGNOSTIC SERVICES. 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. A FINANCIAL AND IN-KIND INVESTMENT CONTINUED IN FY20 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</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>E CAMPUS IN THE CODY ROUGE WARRENDALE AREA OF DETROIT AS PART OF A CROSS-SECTOR, MULTI-STA KEHOLDER PARTNERSHIP. PHYSICAL ACTIVITY- THE SCHOLARSHIP PROGRAM CONTINUED IN FY20 AS PART OF THE HEALTHY LIVONIA INITIATIVE, IN CONJUNCTION WITH THE LIVONIA PUBLIC SCHOOLS (LPS) AND THE KIRKSEY LIVONIA RECREATION CENTER. SMML/HEALTHY LIVONIA PROVIDING FUNDING FOR YOUTH WITH RESOURCE CHALLENGES SEEKING TO PARTICIPATE IN ACTIVITY PROGRAMS. THROUGH THE HEALTHY LIVONIA INITIATIVE, BI-MONTHLY WALK AND TALKS OCCURRED THROUGH OCTOBER 2019. THE PROGRAM PROVIDED HEALTH EDUCATION AND WELLNESS INFORMATION AND CONCLUDED WITH A MILE WALK IN ONE OF THE LOCAL LIVONIA PARKS. CARROT WELLNESS CONTINUED AS AN INCENTIVIZED WALKING PROGRAM FOR THOSE WHO LIVE AND WORK IN LIVONIA. FUNDING WAS PROVIDED FOR ACCESS AND REWARDS FOR UP TO 2,000 COMMUNITY PARTICIPANTS IN THE CARROT APP.</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 FY20, SJML ADDRESSED THE FOLLOWING:OBESITY AND CARDIOVASCULAR DISEASE - IN FY20, 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 CONTINUING TO FUND 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.SJML EXPANDED ITS BARIATRIC SURGERY OFFERINGS, INCLUDING OPPORTUNITIES FOR NUTRITION AND PHYSICAL EDUCATION SUPPORTS.BEHAVIORAL HEALTH - IN FY20, SJML IMPROVED MENTAL HEALTH THROUGH PREVENTION AND BY ENSURING ACCESS TO APPROPRIATE QUALITY MENTAL HEALTH SERVICES AND SUPPORTS, AND BY SUPPORTING REFERRALS TO SUPPORT PROGRAMS, INCLUDING STEPPING STONE ENGAGEMENT CENTER. SJML CONTINUES TO SUPPORT 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. HEALTH CARE ACCESS - SJML CONTINUED THREE-YEAR COLLABORATIVE MATCHING COMMITMENTS WITH MICHIGAN MEDICINE AND ST. JOHN PROVIDENCE HEALTH SYSTEMS TO EXPAND HEALTH CARE TRANSPORTATION THROUGH LIVINGSTON ESSENTIAL TRANSPORTATION SERVICES (LETS). THE FIRST FULL YEAR OF THIS PROGRAM SAW A DRASTIC INCREASE IN HEALTH CARE RELATED TRANSPORTATION, ALLOWING FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) NEEDS TO ALSO BE MET THROUGH THE NON-HEALTH CARE TRANSPORTATION INFRASTRUCTURE LOCALLY.

**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.**

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

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

**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.**

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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: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND 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: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND 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 ANN ARBOR - PART V, SECTION B, LINE 7A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

**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 7A	<a href="http://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

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

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Form and Line Reference	Explanation
ST. JOSEPH MERCY OAKLAND - PART V, SECTION B, LINE 7A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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Form and Line Reference	Explanation
ST. MARY MERCY LIVONIA - PART V, SECTION B, LINE 7A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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Form and Line Reference	Explanation
ST. JOSEPH MERCY LIVINGSTON - PART V, SECTION B, LINE 7A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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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.**

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



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Form and Line Reference	Explanation
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.

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**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 10A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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

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

Form and Line Reference	Explanation
MERCY HEALTH SAINT MARY'S - PART V, SECTION B, LINE 10A	<a href="http://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

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

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

Form and Line Reference	Explanation
ST. JOSEPH MERCY OAKLAND - PART V, SECTION B, LINE 10A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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

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

Form and Line Reference	Explanation
ST. MARY MERCY LIVONIA - PART V, SECTION B, LINE 10A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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

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

Form and Line Reference	Explanation
ST. JOSEPH MERCY LIVINGSTON - PART V, SECTION B, LINE 10A	<a href="http://WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.STJOESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a>

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - (ANN ARBOR) ST JOS MERCY BRIGHTON 7575 GRAND RIVER RD BRIGHTON, MI 48114	LAB, IMAGING, THERAPY, AMBULATORY SURG., EMPLOYED PHYS, ONCOLOGY, 24 HR EMER
<b>1</b> 2 - (AA) REICHERT HEALTH CENTER 5333 MCAULEY DR YPSILANTI, MI 48197	LAB, IMAGING, AMBULATORY SURG., EMPLOYED PHYSICIANS
<b>2</b> 3 - (AA) ST JOSEPH MERCY CANTON HEALTH 1600 CANTON CENTER RD CANTON, MI 48188	LAB, IMAGING, THERAPY, ONCOLOGY, AMBULATORY SURGERY, URGENT CARE
<b>3</b> 4 - (AA) MICHIGAN HEART & VASCULAR INST 5325 ELLIOTT DR YPSILANTI, MI 48197	CARDIOVASCULAR CARE
<b>4</b> 5 - (AA) MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197	ORTHOPEDIC CARE
<b>5</b> 6 - (AA) ELLEN THOMPSON WOMEN'S CENTER 5320 ELLIOTT DR YPSILANTI, MI 48197	WOMEN'S HEALTH
<b>6</b> 7 - (AA) MARIAN PROFESSIONAL BUILDING 14555 LEVAN RD LIVONIA, MI 48154	RADIATION ONCOLOGY, REHAB, MRI, EMPLOYED PHYSICIANS
<b>7</b> 8 - (AA) SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197	SLEEP CLINIC
<b>8</b> 9 - (AA) HAAB HEALTH BUILDING 111 N HURON ST YPSILANTI, MI 48197	EMPLOYED PHYSICIANS
<b>9</b> 10 - (AA) ST JOS MERCY CHEMICAL DEPENDENT 2008 HOGBACK RD ANN ARBOR, MI 48105	BEHAVIORAL MEDICINE
<b>10</b> 11 - (AA) CENTER FOR DIGESTIVE CARE 5300 ELLIOTT DR YPSILANTI, MI 48197	DIGESTIVE CARE
<b>11</b> 12 - (AA) BROOKLYN FAMILY PRACTICE 107 CHICAGO BLVD BROOKLYN, MI 49230	FAMILY PRACTICE
<b>12</b> 13 - (AA) COUNTRY CREEK VILLAGE SHOPPING 7025 E MICHIGAN AVENUE SUITE C SALINE, MI 48176	LAB, URGENT CARE, IMAGING
<b>13</b> 14 - (AA) SAMARITAN CENTER 5555 CONNER DETROIT, MI 48213	INDIGENT CARE
<b>14</b> 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)
<b>16</b> 16 - (AA) FAMILY MEDICINE OF STOCKBRIDGE 4525 S M-52 STOCKBRIDGE, MI 49285	EMPLOYED PHYSICIANS
<b>1</b> 17 - (AA) PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104	LAB
<b>2</b> 18 - (AA) ST JOSEPH MERCY BEHAVIORAL SVCS 2200 CANTON CENTER RD CANTON, MI 48188	BEHAVIORAL MEDICINE
<b>3</b> 19 - (AA) HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197	BEHAVIORAL MEDICINE
<b>4</b> 20 - (AA) HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103	LAB
<b>5</b> 21 - (AA) GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114	LAB
<b>6</b> 22 - (AA) DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLERVILLE, MI 48836	LAB, IMAGING
<b>7</b> 23 - (AA) ARBOR SCIO PROFESSIONAL BLDG 6360 JACKSON RD ANN ARBOR, MI 48103	LAB
<b>8</b> 24 - (AA) ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197	LAB
<b>9</b> 25 - (AA) CHERRY HILL LAB 49650 CHERRY HILL RD CANTON, MI 48187	LAB
<b>10</b> 26 - (AA) TOWSLEY HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197	NURSING HOME, EMPLOYED PHYS.
<b>11</b> 27 - (OTHER) FRANCES WARDE MEDICAL LAB 300 W TEXTILE RD ANN ARBOR, MI 48104	LAB
<b>12</b> 28 - (GRAND RAPIDS) WEGE BUILDING 300 LAFAYETTE GRAND RAPIDS, MI 49503	LAB, FAMILY PRACTICE, INTERNAL MEDICINE PRACTICE
<b>13</b> 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
<b>14</b> 30 - (GR) ADVANTAGE HEALTH BUILDING 1471 EAST BELTLINE GRAND RAPIDS, MI 49525	LAB, IMAGING, REHAB, EMPLOYED PHYS., URGENT CARE, OB

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> 31 - (GR) CLINICA SANTA MARIA 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
<b>1</b> 32 - (GR) PINE REST 300 68TH STREET SE GRAND RAPIDS, MI 49548	MENTAL HEALTH
<b>2</b> 33 - (GR) SPARTA FAMILY HEALTH CENTER 475 S STATE ST SPARTA, MI 49345	FAMILY PRACTICE CENTER
<b>3</b> 34 - (GR) BROWNING CLAYTOR HEALTH CENTER 1246 MADISON SE GRAND RAPIDS, MI 49507	FAMILY PRACTICE CENTER
<b>4</b> 35 - (GR) RIVERTOWN BUILDING 3380 44TH STREET SW GRANDVILLE, MI 49418	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>5</b> 36 - (GR) STANDALE BUILDING 1175 WILSON AVE NW WALKER, MI 49534	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>6</b> 37 - (GR) 310 LAFAYETTE BUILDING 310 LAFAYETTE SE GRAND RAPIDS, MI 49503	IMMUNOLOGY, VASCULAR, INFECTIOUS DISEASE, AND PULMONOLOGY
<b>7</b> 38 - (GR) ADVANTAGE HEALTH BUILDING 10047 CROSS ROADS COURT CADEDONIA, MI 49316	LAB, IMAGING, REHAB, FAMILY PRACTICE
<b>8</b> 39 - (GR) ADVENT REHAB 1375 W GREEN ST HASTINGS, MI 49058	REHAB
<b>9</b> 40 - (GR) ADVENT REHAB 1915 GEORGETOWN CENTER DR JENISON, MI 49428	REHAB
<b>10</b> 41 - (GR) CHERRY BUILDING 245 CHERRY ST GRAND RAPIDS, MI 48503	PEDIATRIC CLINIC, FAMILY MEDICINE, OB, NEUROSCIENCES, AND SLEEP
<b>11</b> 42 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 933 THREE MILE NW GRAND RAPIDS, MI 49504	LAB, REHAB, FAMILY PRACTICE
<b>12</b> 43 - (GR) ADVANTAGE HEALTH BUILDING 7782 20TH AVENUE JENISON, MI 49428	FAMILY PRACTICE CENTER
<b>13</b> 44 - (GR) SOUTHEAST ADVANTAGE HEALTH BLDG 2080 44TH ST SE KENTWOOD, MI 49508	REHAB, LAB, FAMILY PRACTICE
<b>14</b> 45 - (GR) ADVANTAGE HEALTH BUILDING 6050 NORTHLAND DR NE ROCKFORD, MI 49341	FAMILY PRACTICE CENTER, URGENT CARE, LAB, IMAGING, WOMEN'S HEALTH, REHAB

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

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

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

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

Name and address	Type of Facility (describe)
<b>46</b> 46 - (GR) ADVENT REHAB 7575 EAST FULTON ADA, MI 49355	REHAB
<b>1</b> 47 - (GR) ADVENT REHAB 1000 EAST PARIS ST 222 GRAND RAPIDS, MI 49546	REHAB
<b>2</b> 48 - (GR) ADVENT REHAB 150 JEFFERSON SE ST 100 GRAND RAPIDS, MI 49503	REHAB
<b>3</b> 49 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 771 KENNMORE SE GRAND RAPIDS, MI 49547	FAMILY PRACTICE
<b>4</b> 50 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2093 HEALTH DRIVE SUITE 300 WYOMING, MI 49519	VASCULAR
<b>5</b> 51 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 2144 EAST PARIS SE GRAND RAPIDS, MI 49546	INTERNAL MEDICINE
<b>6</b> 52 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 1000 EAST PARIS STE 222 GRAND RAPIDS, MI 49546	CARDIOVASCULAR
<b>7</b> 53 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 260 JEFFERSON SE STE 115 GRAND RAPIDS, MI 49503	CONCIERGE MEDICINE
<b>8</b> 54 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 3290 NORTH WELLNESS DRIVE HOLLAND, MI 49424	FAMILY PRACTICE
<b>9</b> 55 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 250 CHERRY ST SE GRAND RAPIDS, MI 49503	ONCOLOGY
<b>10</b> 56 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 3925 32ND AVE STE 300 HUDSONVILLE, MI 49426	FAMILY PRACTICE & URGENT CARE
<b>11</b> 57 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 801 BROADWAY STREET NW GRAND RAPIDS, MI 49504	FAMILY PRACTICE
<b>12</b> 58 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 301 N MAIN SHERIDAN, MI 49315	VASCULAR
<b>13</b> 59 - (GR) MERCY HEALTH PHYSICIAN PARTNERS 1309 SHELDON RD GRAND HAVEN, MI 49444	NEUROLOGY
<b>14</b> 60 - (LIVONIA) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER

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

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> 61 - (LIV) OUTPATIENT SURGERY CENTER-ENDO 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
<b>1</b> 62 - (LIV) MERCY ELITE 13245 NEWBURGH RD LIVONIA, MI 48154	SPORTS THERAPY
<b>2</b> 63 - (LIV) BARIATRIC OFFICE 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	BARIATRIC
<b>3</b> 64 - (LIV) WESTSIDE OBGYN 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	OB/GYN PRACTICE
<b>4</b> 65 - (LIV) SJMG PRIMARY CARE FREEDOM 20206 FARMINGTON RD LIVONIA, MI 48152	INTERNAL MEDICINE PRACTICE
<b>5</b> 66 - (LIV) SLEEP DISORDERS LAB 14600 FARMINGTON RD SUITE 101 LIVONIA, MI 48154	SLEEP LAB
<b>6</b> 67 - (LIV) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER - PRE AND POST OP
<b>7</b> 68 - (LIV) SJMG PRIMARY CARE LIVONIA 14600 FARMINGTON RD SUITE 105 LIVONIA, MI 48154	INTERNAL MEDICINE, SLEEP LAB
<b>8</b> 69 - (LIV) CRNA OSC 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
<b>9</b> 70 - (LIV)PSYCHIATRY 2006 HOGBACK RD SUITE 1 ANN ARBOR, MI 48105	OUTPATIENT BEHAVIORAL SERVICES
<b>10</b> 71 - (LIV) SJMG PC WEST FARM HILLS 36650 GRAND RIVER AVE SUITE 101 FARMINGTON HILLS, MI 48335	OB/GYN PRACTICE
<b>11</b> 72 - (LIV) SJMG PRIMARY CARE REDFORD 26400 PLYMOUTH RD REDFORD, MI 48239	FAMILY PRACTICE
<b>12</b> 73 - (LIV) WESTSIDE UROGYNECOLOGY 36650 5 MILE RD SUITE 101 LIVONIA, MI 48154	UROLOGY, OB/GYN
<b>13</b> 74 - (LIV) SJMG WESTLAND OBGYN 32932 WARREN ROAD SUITE 100 WESTLAND, MI 48185	OB/GYN PRACTICE
<b>14</b> 75 - (LIV) OP PSYCH - MISSION HEALTH 37595 W SEVEN MILE RD LIVONIA, MI 48152	OUTPATIENT BEHAVIORAL SERVICES

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

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

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

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

Name and address	Type of Facility (describe)
<b>76</b> 76 - (LIV) SJMG PC EAST FARM HILLS 30852 W 10 MILE RD FARMINGTON HILLS, MI 48336	INTERNAL MEDICINE
<b>1</b> 77 - (LIV) CATHERINE'S PLACE RET FACILITY 28750 W ELEVEN MILE RD FARMINGTON HILLS, MI 48336	NURSING HOME FACILITY
<b>2</b> 78 - (LIV) SJMG PRIMARY CARE BUCKINGHAM 29105 BUCKINGHAM ST SUITE 11 LIVONIA, MI 48154	PHYSICAL MEDICINE & REHAB
<b>3</b> 79 - (LIV) URGENT CARE SCHOOLCRAFT 39201 7 MILE RD LIVONIA, MI 48152	URGENT CARE
<b>4</b> 80 - (OAKLAND) DAVISBURG FAMILY MEDICINE 10740 DIXIE HIGHWAY DAVISBURG, MI 48350	FAMILY PRACTICE
<b>5</b> 81 - (OAK) INTERNAL MED PEDIATRIC MED 1375 S LAPEER RD STE 210 LAKE ORION, MI 48360	INTERNAL MED / PEDIATRIC MED
<b>6</b> 82 - (OAK) IMAGING 1375 S LAPEER RD STE 104 LAKE ORION, MI 48360	IMAGING
<b>7</b> 83 - (OAK) URGENT CARE 1375 S LAPEER RD STE 106 LAKE ORION, MI 48360	URGENT CARE
<b>8</b> 84 - (OAK) OBGYN 1750 TELEGRAPH STE 108 BLOOMFIELD HILLS, MI 48302	OB/GYN
<b>9</b> 85 - (OAK) IM PEDS ENDOCRINOLOGY 1854 W AUBURN RD STE 200 ROCHESTER HILLS, MI 48309	IM / PEDS, ENDOCRINOLOGY
<b>10</b> 86 - (OAK) RADIOLOGY 2300 HAGGERTY ROAD WEST BLOOMFIELD, MI 48323	RADIOLOGY
<b>11</b> 87 - (OAK) PEDIATRIC MEDICINE LAB 2630 UNION LAKE RD STE 100 AND 200 COMMERCE TOWNSHIP, MI 48382	PEDIATRIC MEDICINE / LAB
<b>12</b> 88 - (OAK) OB GYN 27483 DEQUINDRE MADISON HEIGHTS, MI 48071	OB / GYN
<b>13</b> 89 - (OAK) SLEEP LAB 3100 CROSS CREEK STE 210 AUBURN HILLS, MI 48341	SLEEP LAB
<b>14</b> 90 - (OAK) WHITE LAKE PRIMARY CARE 320 TOWN CENTER BLVD WHITE LAKE, MI 48386	MOVED OUT

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

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

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

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

Name and address	Type of Facility (describe)
<b>91</b> 91 - (OAK) PEDIATRIC MEDICINE 43750 WOODWARD AVE BLOOMFIELD HILLS, MI 48302	PEDIATRIC MEDICINE
<b>1</b> 92 - (OAK) INTERNAL MEDPEDIATRIC MEDLAB 4400 HIGHLAND ROAD WATERFORD, MI 48328	INTERNAL MED / PEDIATRIC MED / LAB
<b>2</b> 93 - (OAK) LAB 44200 WOODWARD PONTIAC, MI 48341	LAB
<b>3</b> 94 - (OAK) SURGICAL CENTER 5220 HIGHLAND ROAD WATERFORD, MI 48327	SURGICAL CENTER
<b>4</b> 95 - (OAK) COLORECTAL SURGERY 5701 BOW POINTE DRIVE CLARKSTON, MI 48346	COLORECTAL SURGERY
<b>5</b> 96 - (OAK) OBGYN 633 E SOUTH BLVD ROCHESTER HILLS, MI 48307	OB/GYN
<b>6</b> 97 - (OAK) OBGYN 6770 DIXIE HIGHWAY CLARKSTON, MI 48346	OB/GYN
<b>7</b> 98 - (OAK) FAMILY PRACTICE AND LAB 6770 DIXIE HIGHWAY STE 303 CLARKSTON, MI 48346	FAMILY PRACTICE AND LAB
<b>8</b> 99 - (OAK) RADIOLOGY IMAGING 7210 MAIN STREET STE 211 CLARKSTON, MI 48346	RADIOLOGY / IMAGING
<b>9</b> 100 - (OAK) LAB 7210 MAIN STREET STE 100 CLARKSTON, MI 48346	LAB

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

2019

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.

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 . . . . . 47
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
(1) CANCER PATIENT SERVICES	550	26,899		FAIR MARKET VALUE	SERVICES
(2) CANCER PATIENT GIFT CARDS	900	28,845		FAIR MARKET VALUE	GIFT CARDS
(3) PATIENT TRANSPORTATION	717	19,498		FAIR MARKET VALUE	TRANSPORTATION
(4) PATIENT MEDS	47	4,984		FAIR MARKET VALUE	MEDS
(5) PATIENT NEEDS (VARIOUS)	479	51,407		FAIR MARKET VALUE	VARIOUS NEEDS
(6) PATIENT LODGING	30	5,091		FAIR MARKET VALUE	LODGING
(7) COLLEAGUE ASSISTANCE COVID RELIEF	290	284,984		FAIR MARKET VALUE	ASSISTANCE TO COLLEAGUES IN NEED
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DONATIONS MADE BY TRINITY HEALTH - MICHIGAN TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.



**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY 4925 PACKARD RD ANN ARBOR, MI 48108	38-1654500	501(C)(3)	20,000				BEHAVIORAL HEALTH SERICES AT CSSW & PACKARD HEALTH-YPSI

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION 2929 PLYMOUTH RD STE 245 ANN ARBOR, MI 48105	27-1017827	501(C)(3)	60,000				SIM INTERVENTILN RESIDESIGN SUPPORT
CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION 2929 PLYMOUTH RD STE 245 ANN ARBOR, MI 48105	27-1017827	501(C)(3)	60,000				PROGRAM SUPPORT 2020 WASHTENAW HEALTH INITIATIVE OPERATING EXPENSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORNER HEALTH CENTER 47 N HURON ST YPSILANTI, MI 48197	38-2329742	501(C)(3)	20,000				HERE FOR YOUTH WASHTENAW COORDINATED FUNDING GRANT
CORNER HEALTH CENTER 47 N HURON ST YPSILANTI, MI 48197	38-2329742	501(C)(3)	10,000				FAMILY SHELTER HEALTH ASSESSMENT & REFERRAL - WASH COORD FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTERN MARKET CORPORATION 2934 RUSSELL ST DETROIT, MI 48207	32-0030432	501(C)(3)	50,000				2019 FARM STAND & FOOD ACCESS SUPPORT
FAIR FOOD NETWORK 1250 N MAIN ST ANN ARBOR, MI 48104	26-4143394	501(C)(3)	50,000				NI FOOD/AGRIC FINI GRANT INNOV TECH & EXP GEOGRAPHIES PROG

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD GATHERERS 1 CARROT WAY ANN ARBOR, MI 48105	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY 2245 S STATE ST SUITE 200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	46,249				CAPACITY BUILDING GRANT AND SENIOR SOCIAL INTEGRATION
LIVINGSTON ESSENTIAL TRANSPORTATION SERVICES 3950 W GRAND RIVER AVE HOWELL, MI 48843		GOVERNMENT ORG	40,000				FEDERAL TRANSIT ADMINISTRATIN & MDOT MATCHING GRANT FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAKE A WISH MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	38-2505812	501(C)(3)	50,000				WISH-A-MILE GOLD SPONSORSHIP & WISH BALL SEMI LEAD SPONSORSHIP
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD SUITE 260 ANN ARBOR, MI 48018	38-2595768	501(C)(3)	15,000				PERMANENT HOUSING SUPPORTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MICHIGAN PRISON DOULA INITIATIVE PO BOX 7252 ANN ARBOR, MI 48107	82-2200760	501(C)(3)	41,550				PROVIDES COMPASSIONATE BIRTH AND PARENTING TUPPORT TO INCARCERATED PEOPLE
NEW CENTER FOUNDATION 3939 WOODWARD AVENUE NO 100 DETROIT, MI 48201	38-2271575	501(C)(3)	50,000				COMMUNITY SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT 555 TOWNER ST YPSILANTI, MI 48198	38-6004894	GOVERNMENT ORG	160,000				PRESCRIPTION FOR HEALTH PROGRAM - WASHTENAW COUNTY
WASHTENAW HEALTH PLAN 555 TOWNER ST STE 1 YPSILANTI, MI 48198	02-0585175	501(C)(3)	350,000				WHP ONGOING OPERATIONS SUPPORT 10/1/19-9/30/20

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WE THE PEOPLE OPPORTUNITY CENTER INC 806 HILYARD ROBINSON WAY YPSILANTI, MI 48197	83-1966370	501(C)(3)	50,000				EMPLOYS FORMERLY INCARCERATED PEOPLE THROUGH FARMING & COMMUNITY ENGAGEMENT
BROADWAY GRAND RAPIDS 122 LYON STREET NW GRAND RAPIDS, MI 49503	38-2822159	501(C)(3)	5,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOMINICAN SISTERS GRAND RAPIDS 2025 FULTON STREET E GRAND RAPIDS, MI 49503	38-1360581	501(C)(3)	6,000				COMMUNITY SUPPORT
DWELLING PLACE OF GRAND RAPIDS 101 SHELDON BLVD STE 2 GRAND RAPIDS, MI 49503	38-2313832	501(C)(3)	5,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND RAPIDS AREA CHAMBER OF COMMERCE 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503	38-0592500	501(C)(6)	10,000				COMMUNITY SUPPORT
GRAND RAPIDS ASIAN PACIFIC FESTIVAL PO BOX 150724 GRAND RAPIDS, MI 49515	83-1870232	501(C)(3)	5,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 48053	38-6005447	501(C)(3)	9,500				COMMUNITY SUPPORT
GRAND VALLEY STATE UNIVERSITY C-1-120 MACKINAC HALL 1 CAMPUS DR ALLENDALE, MI 49401	38-1684280	501(C)(3)	6,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRCC FOUNDATION 143 BOSTWICK AVENUE GRAND RAPIDS, MI 49503	38-6100380	501(C)(3)	5,000				COMMUNITY SUPPORT
KENT COUNTY PROBATE COURT 300 MONROE AVE NW GRAND RAPIDS, MI 49503	38-6004862	GOVERNMENT ORG	100,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KINGDOM LIFE MINISTRIES INC 2317 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507	45-0496527	501(C)(3)	5,000				COMMUNITY SUPPORT
MARY FREE BED REHABILITATION HOSPITAL FOUNDATION 235 WEALTHY STREET SE GRAND RAPIDS, MI 49503	46-1164285	501(C)(3)	5,000				COMMUNITY SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)(3)	100,000				COMMUNITY SUPPORT
METROPOLITAN HOSPITAL 5900 BYRON CENTER AVENUE SW WYOMING, MI 49519	38-0593405	501(C)(3)	5,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RETHINKING DEMENTIA 1551 FRANKLIN ST SE GRAND RAPIDS, MI 49506	81-5378097	501(C)(3)	25,000				COMMUNITY SUPPORT
THE RIGHT PLACE 125 OTTAWA AVE NE STE 450 GRAND RAPIDS, MI 49503	38-3262801	501(C)(3)	52,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEART OF WEST MICHIGAN 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	15,000				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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARTER TOWNSHIP OF NORTHVILLE 700 WEST BASELINE ROAD NORTHVILLE, MI 48167	38-6007235	CITY GOVERNMENT	10,000				COMMUNITY SUPPORT
CITY YEAR INC 1 FORD PLACE SUITE 1F DETROIT, MI 48202	22-2882549	501(C)(3)	125,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COVENANT COMMUNITY CARE ORG 559 WEST GRAND BOULEVARD DETROIT, MI 48216	38-3533998	501(C)(3)	350,000				COMMUNITY SUPPORT
DEO GRATIAS MINISTRIES DETROIT 720 ATKINSON ST DETROIT, MI 48202	83-2372300	501(C)(3)	25,000				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER DETROIT AREA HLTH COUNCIL INC 30200 TELEGRAPH RD SUITE 105 BINGHAM FARMS, MI 48025	38-1360904	501(C)(3)	5,000				COMMUNITY SUPPORT
MERCY EDUCATION PROJECT 1450 HOWARD STREET DETROIT, MI 48216	38-3209556	501(C)(3)	145,395				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHVILLE CHAMBER OF COMMERCE 195 S MAIN ST NORTHVILLE, MI 48167	38-2496282	501(C)(6)	10,000				COMMUNITY SUPPORT
ST FRANCES CABRINI CLINIC 1234 PORTER ST DETROIT, MI 48226	38-3129349	501(C)(3)	249,881				COMMUNITY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAY DETROIT FAMILY HEALTH CLINIC 211 GLENDALE AVE HIGHLAND PARK, MI 48203	20-4786626	501(C)(3)	400,000				COMMUNITY SUPPORT
METRO SOLUTIONS INC 18000 W 9 MILE RD STE 360 SOUTHFIELD, MI 48075	20-0156511	501(C)(3)	19,000				SPONSORSHIP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE HOSPITALITY & WARMING CTR 249 BALDWIN AVE PONTIAC, MI 48342	38-3571989	501(C)(3)	50,000				SPONSORSHIP
GUNDERSEN CITY OF LA CROSSE NEIGHBORHOOD DEV CORP 1900 SOUTH AVENUE LA CROSSE, WI 54601	47-2969746	501(C)(3)	7,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OAKLAND UNIVERSITY 507 GOLF VIEW ROCHESTER, MI 48309	38-1714400	501(C)(3)	8,050				SCHOLARSHIPS

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

CANCER PATIENT SERVICES	550	26,899	FAIR MARKET VALUE	SERVICES
CANCER PATIENT SERVICES	550	26,899	FAIR MARKET VALUE	SERVICES
CANCER PATIENT GIFT CARDS	900	28,845	FAIR MARKET VALUE	GIFT CARDS
PATIENT TRANSPORTATION	717	19,498	FAIR MARKET VALUE	TRANSPORTATION
PAITENT MEDS	47	4,984	FAIR MARKET VALUE	MEDS
PATIENT NEEDS (VARIOUS)	479	51,407	FAIR MARKET VALUE	VARIOUS NEEDS

<b>Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.</b>					
PATIENT LODGING	30	5,091		FAIR MARKET VALUE	LODGING
PATIENT LODGING	30	5,091		FAIR MARKET VALUE	LODGING
COLLEAGUE ASSISTANCE COVID RELIEF	290	284,984		FAIR MARKET VALUE	ASSISTANCE TO COLLEAGUES IN NEED

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
TRINITY HEALTH - MICHIGAN

Employer identification number  
38-2113393

**Part I Questions Regarding Compensation**

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

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	TRINITY HEALTH - MICHIGAN (TH-MI) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. TH-MI'S 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
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2019. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: DAVID BAUMGARTNER, MD - \$126,834 DAVID BROOKS - \$582,629 DAVID MCEWEN - \$58,410 ROGER SPOELMAN - \$630,220 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/19: DAVID BAUMGARTNER, MD - \$312,857 (PAID IN 2020) DAVID MCEWEN - \$313,952 (PAID IN 2020) ROGER SPOELMAN - \$466,363 (PAID IN 2020) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2019. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2019, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2019. THE FOLLOWING PAYOUTS FOR 2019 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: GARY ALLORE - \$68,742 DAVID BROOKS - \$404,745 ROBERT CASALOU - \$228,602 NANCY GRAEBNER - \$77,715 SALLY GUINDI - \$57,615 EDMUND HODGE - \$0 BILL MANNS - \$127,106 JOHN O'MALLEY - \$0 DAVID SPIVEY - \$117,176 ROGER SPOELMAN - \$160,551 SHANNON STRIEBICH - \$69,708 THE FOLLOWING ACCRUALS FOR 2019 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: MICHAEL GUSHO - \$84,953 HYUNG KIM - \$43,333 ROSALIE TOCCO-BRADLEY, MD - \$80,661 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$280,000 FOR 2019). THE FOLLOWING PAYOUTS FOR 2019 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: DAVID BAUMGARTNER, MD - \$8,008 MATTHEW BIERSACK, MD - \$0 FABIAN FREGOLI, MD - \$6,025 DANIEL GREEN - \$1,907 MATTHEW GRIFFIN, MD - \$0 ALONZO LEWIS - \$0 TOMASINE MARX - \$0 DAVID MCEWEN - \$5,201 MICHAEL SAMYN - \$2,146 CAROL TARNOWSKY - \$3,152 DAVID VANDENBERG, MD - \$0

**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				
1ROBERT CASALOU DIRECTOR;PRESIDENT & CEO-MICH REGION	(i)	0	0	0	0	0	0	0
	(ii)	961,517	358,655	259,372	16,800	51,619	1,647,963	0
1LAWRENCE RAPP MD NEUROSURGEON (OAKLAND)	(i)	1,500,884	0	3,488	12,600	24,550	1,541,522	0
	(ii)	0	0	0	0	0	0	0
2ROGER SPOELMAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	24,635	89,703	811,977	474,981	17,512	1,418,808	0
3YOAV RITTER DO NEUROSURGEON (OAKLAND)	(i)	1,234,996	0	678	12,600	26,569	1,274,843	0
	(ii)	0	0	0	0	0	0	0
4EDMUND HODGE DIRECTOR; TRINITY HEALTH EVP, CHRO	(i)	0	0	0	0	0	0	0
	(ii)	733,527	345,231	19,377	12,600	35,478	1,146,213	0
5AHMAD ISSAWI MD NEUROSURGEON (SJMHS)	(i)	1,017,226	27,500	433	12,600	23,795	1,081,554	0
	(ii)	0	0	0	0	0	0	0
6HAZEM ELTAHAWY MD NEUROSURGEON (LIVONIA)	(i)	967,356	0	1,100	12,600	23,960	1,005,016	0
	(ii)	0	0	0	0	0	0	0
7DAVID BROOKS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	990,125	0	637	990,762	891,867
8JASON BRODKEY MD NEUROSURGEON (SJMHS)	(i)	877,564	27,500	2,221	21,000	26,422	954,707	0
	(ii)	0	0	0	0	0	0	0
9BILL MANN PRESIDENT SJM ANN ARBOR THR 3/20	(i)	0	0	0	0	0	0	0
	(ii)	540,924	187,932	178,297	8,400	32,128	947,681	0
10 DAVID BAUMGARTNER MD CMO MERCY HEALTH ST. MARY'S THR 8/19	(i)	0	0	0	0	0	0	0
	(ii)	333,172	74,507	144,601	329,657	20,971	902,908	0
11DAVID SPIVEY PRES & CEO ST. MARY MERCY LIVONIA	(i)	0	0	0	0	0	0	0
	(ii)	526,063	149,173	143,153	21,000	32,240	871,629	0
12MICHAEL GUSHO TREASURER; CFO-MICHIGAN REGION	(i)	0	0	0	0	0	0	0
	(ii)	551,344	115,077	13,795	105,953	35,072	821,241	0
13DAVID MCEWEN COO MERCY HEALTH ST. MARY'S THR 9/19	(i)	0	0	0	0	0	0	0
	(ii)	310,048	63,076	69,602	326,552	25,069	794,347	0
14 ROSALIE TOCCO-BRADLEY MD CCO & REGIONAL CMO- MICHIGAN REGION	(i)	0	0	0	0	0	0	0
	(ii)	520,169	108,818	18,318	93,261	40,132	780,698	0
15SHANNON STRIEBICH PRESIDENT ST. JOSEPH MERCY OAKLAND	(i)	0	0	0	0	0	0	0
	(ii)	464,437	93,626	77,716	16,800	30,756	683,335	0
16GARY ALLORE FORMER OFFICER; PRES MH MUSKEGON	(i)	0	0	0	0	0	0	0
	(ii)	425,699	88,867	84,509	16,800	31,678	647,553	0
17NANCY GRAEBNER FORMER KEY EMP; CEO SJM CHELSEA	(i)	0	0	0	0	0	0	0
	(ii)	330,354	95,469	96,715	16,800	12,444	551,782	0
18SALLY GUINDI SECRETARY; GEN COUNSEL- MICH REGION	(i)	0	0	0	0	0	0	0
	(ii)	355,826	70,385	71,940	16,800	35,566	550,517	0
19MATT BIERSACK MD CMO MERCY HEALTH ST. MARY'S AT 9/19	(i)	229,521	1,883	156	6,029	13,490	251,079	0
	(ii)	161,883	90,123	386	6,571	11,132	270,095	0



(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				
21MATTHEW GRIFFIN MD CMO ST. MARY MERCY LIVONIA	(i)	0	0	0	0	0	0	0
	(ii)	400,703	61,075	4,535	18,419	36,319	521,051	0
1FABIAN FREGOLI MD CMO ST. JOSEPH MERCY OAKLAND	(i)	0	0	0	0	0	0	0
	(ii)	404,414	57,778	8,065	10,025	27,240	507,522	0
2ALONZO LEWIS PRES SJ MCY AA AT 4/20; COO THR 3/20	(i)	11,543	0	28	350	1,015	12,936	0
	(ii)	339,240	62,915	2,502	12,250	28,762	445,669	0
3HYUNG KIM MD PRESIDENT MERCY HEALTH ST. MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	316,609	35,000	26,469	53,133	17,445	448,656	0
4JOHN O'MALLEY PRES ST. JOSEPH MERCY LIVINGSTON	(i)	0	0	0	0	0	0	0
	(ii)	299,290	61,907	11,867	12,600	17,784	403,448	0
5CAROL TARNOWSKY FORMER OFFICER; MI DPTY GEN CSL	(i)	0	0	0	0	0	0	0
	(ii)	303,198	59,455	8,811	16,800	12,578	400,842	0
6MICHAEL SAMYN VP FINANCE EAST MARKET	(i)	0	0	0	0	0	0	0
	(ii)	294,779	45,831	5,931	16,800	28,204	391,545	0
7DAVID VANDENBERG MD CMO ST JOS MERCY AA/LIV AS OF 8/19	(i)	197,658	0	788	9,578	14,194	222,218	0
	(ii)	147,554	0	2,068	7,222	11,477	168,321	0
8DANIEL GREEN VP FINANCE MERCY HEALTH ST MARY'S	(i)	0	0	0	0	0	0	0
	(ii)	276,671	47,822	4,064	16,800	26,072	371,429	0
9FRANK SAWYER SENIOR VP, OPERATIONS SJM OAKLAND	(i)	265,563	44,828	244	12,600	27,439	350,674	0
	(ii)	0	0	0	0	0	0	0
10TOMASINE MARX VP FINANCE WEST MARKET	(i)	0	0	0	0	0	0	0
	(ii)	293,231	16,790	4,942	13,501	8,219	336,683	0
11SARAH GILBERT SVP, OPERATIONS SM MERCY LIVONIA	(i)	244,874	41,609	554	21,000	15,538	323,575	0
	(ii)	0	0	0	0	0	0	0
12MELISSA KAROLAK VP FINANCE ST. MARY MERCY LIVONIA	(i)	4,491	0	4	190	2,291	6,976	0
	(ii)	186,236	19,898	503	8,732	22,804	238,173	0
13KURT MACDONALD SENIOR VP, OPERATIONS MH ST. MARY'S	(i)	159,919	4,547	288	10,525	24,763	200,042	0
	(ii)	0	0	0	0	0	0	0
14RANDALL T FORSCH FORMER KE: CMO SJM CHELSEA THR 9/19	(i)	0	0	0	0	0	0	0
	(ii)	124,533	31,334	1,667	0	3,782	161,316	0
15KATHLEEN O'CONNOR FORMER KEY EMP; DIR DECISION SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	107,270	15,854	653	7,547	9,952	141,276	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization TRINITY HEALTH - MICHIGAN

Employer identification number

38-2113393

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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

**Part V Supplemental Information**

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2113393

**Name:** TRINITY HEALTH - MICHIGAN

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,035,375	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	8,363,588	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	165,373	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	347,884	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,051,323	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	248,652	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
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,400,766	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	982,049	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	581,864	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,053,916	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No



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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	768,704	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	371,846	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	363,470	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,101,782	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,085,273	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	137,549	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	163,391	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	135,728	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	213,888	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	449,367	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	611,737	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,000,000	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
(23) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	484,166	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	919,738	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(25) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	207,711	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	192,531	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(27) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	147,831	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,204,336	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(29) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	557,742	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	153,714	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(31) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	711,820	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	6,369,637	DONOR PROVIDED GOODS/SERVICES TO TH-MI		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		210	DONOR PROVIDED VALUE
5 Clothing and household goods . . . . .	X		44,454	DONOR PROVIDED VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 . . . . .	X	19	90,739	DONOR PROVIDED VALUE
20 Drugs and medical supplies . . . . .	X	30	84,516	DONOR PROVIDED VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( MISCELLANEOUS ) . . . . .	X	4	331	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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****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. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>TH-MI HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF TH-MI, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF TH-MI AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF TH-MI (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TH-MI OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF TH-MI (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF TH-MI. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR 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**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS TO AFFILIATES -75,439,678. CHANGE IN DEFERRED RETIREMENT COSTS 2,240,349. INCOME FROM DISCONTINUED OPERATIONS 92,842. OTHER TRANSACTIONS 1,992,999. ASSET IMPAIRMENT -25,993,849. NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS -2,323,159. NET CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLES -1,310,600. EQUITY GAIN IN UNCONSOLIDATED AFFILIATES 3,531,420. PARTNERSHIP AND STOCKHOLDERS EQUITY ACTIVITY 1,084,397.

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES:	ANN ARBOR HOME INFUSION PHARMACY,CANCER NETWORK OF WEST MICHIGAN,CARE (CONFIDENTIAL ASSISTANCE AND REFERRAL FOR EMPLOYEES),CHELSEA COMMUNITY HOSPITAL,CHELSEA ORTHOPEDIC SPECIALISTS ,CHELSEACARE HOME HEALTH,CLINICA SANTA MARIA,CONFIDENTIAL ASSISTANCE AND REFERRAL FOR EMPL OYEEES,DEXTER INTERNAL MEDICINE AND PEDIATRICS,FAMILY MEDICINE OF STOCKBRIDGE,FAMILY PHARMACY-SW CAMPUS,HEALTH EXPLORATION STATION,SAINT JOSEPH MERCY HEALTH SYSTEM,SAINT MARY'S FAMILY PHARMACY - LTC,SAINT MARY'S FAMILY PHARMACY-CATHEDRAL SQUARE,SAINT MARY'S FAMILY PHARMACY - SOUTHWEST,SAINT MARY'S FAMILY PHARMACY-SW CAMPUS,SAINT MARY'S FAMILY PHARMACY-WEGE CENTER,SAINT MARY'S HEALTH CARE,SAINT MARY'S HEALTH CARE, PROFESSIONAL FINANCIAL SERVICES,SAINT MARY'S MERCY HOSPITAL,SAINT MARY'S MERCY MEDICAL CENTER,SISTERS OF MERCY HEALTH CORPORATION,SJMHS SPECIALTY PHYSICIANS,ST. MARY'S HOSPITAL, GRAND RAPIDS,ST. JOE'S MEDICAL GROUP,S T. JOSEPH MERCY - BRIGHTON,ST. JOSEPH MERCY HOSPITAL - SMHC,ST. JOSEPH MERCY HOSPITAL, PON TIAC,ST. JOSEPH MERCY OAKLAND URGENT CARE-BIRMINGHAM,ST. MARY MERCY OUTPATIENT PHARMACY,ST . MARY MERCY PHARMACY - LIVONIA MEDICAL CENTER,THE BOUTIQUE AT MERCY HEALTH,THE SHOPPE AT SAINT MARY'S,WESTSHORE FAMILY MEDICINE,WOMEN'S HEALTH CENTER,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 SERVICES OF WEST MICHIGAN,SJM MEDICAL PRACTICE,SJM URGENT CARES,ST JOSEPH MERCY HOSPITAL, PONTIAC, ST. JOE'S MEDICAL GROUP - BLOOMFIELD PRIMARY CARE,ST. JOE'S MEDICAL GROUP - WATERFORD ADULT AND PEDIATRIC MEDICINE,ST. JOSEPH MERCY ANN ARBOR-CANCER CENTER,ST. JOSEPH MERCY BRIGHTON N-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 S QUARE,MERCY HEALTH PHARMACY - HOME INFUSION,MERCY HEALTH PHARMACY - HUDSONVILLE,MERCY HEALTH PHARMACY - LONG TERM CARE,MERCY HEALTH PHARMACY - SOUTHWEST,MERCY HEALTH PHARMACY - WEG E 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 -

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 1, DOING BUSINESS AS NAMES:</p>	<p>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 PROG RAM, 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, THE FARM AT SAINT JOSEPH MERCY HEALTH SYSTEM, THE FARM AT ST. JOE'S, WESTSIDE OBSTETRICS AND GYNECOLOGY, ASTHMA NETWORK, ASTHMA NETWORK OF W MI, ASTHMA NETWORK OF WEST MICHIGAN, BROWNING CLAYTOR HEALTH CENTER, CANTON HEALTH CENTER, MCAULEY HEALTH CENTER, MERCY GENERAL HEALTH PARTNERS, MERCY HEALTH PHARMACY-MARY FREE BED, MERCYELITE, MERCYELITE PHYSICAL THERAPY, MERCYELITE SPORTS PERFORMANCE, RICHARD J. LACKS CANCER CENTER, ST. JOE'S MEDICAL GROUP - BLOOMFIELD HILLS PEDIATRICS, ST. JOE'S MEDICAL GROUP - DA VISBURG FAMILY MEDICINE, ST. JOE'S MEDICAL GROUP - OB/GYN OF MICHIGAN, ST. JOSEPH MERCY OAKLAND - AUBURN HILLS DIAGNOSTICS, ST. JOSEPH MERCY OAKLAND - CLARKSTON IMAGING CENTER, ADVANCE D LAPAROSCOPIC SURGICAL ASSOCIATES (ASLA), CHELSEA PROFESSIONAL SERVICES, HEARTSIDE HEALTH CLINIC, MERCY ADVANTAGE, MERCY HEALTH PHARMACY SOLUTIONS, MERCY HEALTH SERVICES, MERCY MEDICAL CENTER - NOVI, MERCY NORTH OUTPATIENT PHARMACY, MERCY PRIMARY CARE CENTER - DETROIT, MERCY PRIMARY CARE CENTER - DETROIT PHARMACY, MICHIGAN BARIATRIC INSTITUTE (MBI), MICHIGAN CANCER INSTITUTE, MICHIGAN HEART, MICHIGAN STROKE NETWORK, MICHIGAN STROKE NETWORK REGISTRY, SAINT JOSEPH MERCY HEALTH SYSTEM CENTER FOR BEHAVIORAL MEDICINE, SAINT MARY'S ADVANCED SPECIALTY CARE, SAINT MARY'S FAMILY PHARMACY - ECS, SAINT MARY'S LTC PHARMACY, SAINT MARY'S MERCY WOUND CARE CENTER, SJMO ROCHESTER HILLS OB/GYN, SPARTA FAMILY HEALTH CENTER, ST. MARY MERCY HOSPITAL, ST. MARY MERCY ONCOLOGY PRACTICE, ST. MARY MERCY OUTPATIENT PSYCHIATRIC SERVICES, ST. MARY MERCY WOUND CARE CENTER, CHELSEA COMMUNITY HOSPITAL CHILDREN'S CENTER, EVANGELICAL DEACONESS HOSPITAL, MERCY HEALTH SERVICES NORTH, MERCY HOSPITAL OUTPATIENT PHARMACY, MERCY MEDICAL GROUP, MERCY OUTPATIENT PHARMACY, MERCY PATHOLOGY, MERCY SURGERY CARE NETWORK, MERCY SURGICAL CARE, MUSKEGON GENERAL HOSPITAL, SAINT JOSEPH MERCY HEALTH NETWORK, SAINT MARY'S MERCY WEGE CENTER, SAINT MARY'S FAMILY PHARMACY WEGE CENTER FOR HEALTH AND LEARNING, SJMHS LIVINGSTON ORTHOPEDIC SURGICAL GROUP, SJMHS ORTHOPEDIC SERVICES, SPORTX, WEST MICHIGAN REGIONAL HEART AND VASCULAR INSTITUTE, WHITE OAK INN, MERCY PHYSICIAN PARTNERS, ST. JOSEPH MERCY PORT HURON - CANCER CENTER, ST. JOSEPH MERCY PORT HURON</p>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>(1)</b> OAKLAND HEALTH ALLIANCE LLC 44405 WOODWARD AVE PONTIAC, MI 48341 82-2021072	ACCOUNTABLE CARE ORGANIZATION	MI	0	401,364	TRINITY HEALTH-MICHIGAN
<b>(2)</b> SAINT MARY'S PHARMACY LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	PHARMACY	MI	0	0	TRINITY HEALTH-MICHIGAN
<b>(3)</b> SOUTHEAST MICHIGAN CLINICAL NETWORK LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3856789	ACCOUNTABLE CARE ORGANIZATION	MI	733,061	3,238,226	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2113393  
**Name:** 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	
5315 ELLIOTT DR 102 YPSILANTI, MI 48197 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	

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

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



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

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

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

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						Yes	No
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1938 CURRY ROAD SCHENECTADY, NY 12303 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 3349 SIOUX CITY, IA 51102 42-1185707	MEDICAL TRANSPORTATION SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
775 S MAIN ST CHELSEA, MI 48118 82-4757260	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 20-3018640	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	Yes	
2215 BURDETT AVE TROY, NY 12180 27-2153849	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	SAMARITAN HOSPITAL	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	

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

(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
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	
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	







Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RADISSON SJH PROPERTIES LLC  5000 CAMPUSWOOD DRIVE SUITE 101 EAST SYRACUSE, NY 13057 46-1892799	MEDICAL OFFICE BUILDING	NY	N/A									
SAINT AGNESUSP SURGERY CENTERS LLC  15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 36-4896811	MEDICAL SERVICES	CA	N/A									
SIXTY FOURTH STREET LLC  2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	TRINITY HEALTH-MICHIGAN DBA ST MARY'S HEALTH CARE	RELATED	-1,463	1,641,058		No			No	53.940 %
SJLS LLC  7650 SE 27TH ST STE 200 MERCER ISLAND, WA 98040 20-1796650	DIALYSIS SERVICES	NY	N/A									
SMMC MOB II LP  1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP  C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
ST ALPHONSUS CALDWELL CANCER CTR LLC  3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	HEALTH CARE SERVICES	ID	N/A									
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP  6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
ST JOSEPH'S IMAGING ASSOCIATES PLLC  104 UNION AVE SUITE 905 SYRACUSE, NY 13203 16-1104293	RADIOLOGY SERVICES	NY	N/A									
ST MARY REHABILITATION HOSPITAL LLP  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 27-3938747	HEALTH CARE SERVICES	DE	N/A									
ST PETER'S AMBULATORY SURGERY CENTER LLC  1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC  1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 27-2871206	OUTPATIENT SURGERY	PA	N/A									
TRINITY HEALTH OF NEW ENGLAND ACO LLC  1000 ASYLUM AVENUE 5TH FLOOR HARTFORD, CT 06105 83-3165256	ACCOUNTABLE CARE ORGANIZATION	CT	N/A									
TRINITY HEALTH OF NEW ENGLAND URGENT CARE LLC  1000 ASYLUM AVENUE HARTFORD, CT 06105 84-2665996	HEALTH CARE SERVICES	DE	N/A									
WOODLAND IMAGING CENTER LLC  5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/ IMAGING	MI	TRINITY HEALTH-MICHIGAN	RELATED	1,543,780	2,339,371		No			No	51.000 %



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	TRINITY HEALTH-MICHIGAN	C	-648,282	12,053,702	100.000 %	Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	

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								Yes	No
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	

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								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJRM HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	TRINITY HEALTH- MICHIGAN	C		294,438	99.000 %	Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	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
MERCY HEALTH PARTNERS	L	3,046,762	PER BOOKS
MERCY HEALTH PARTNERS	P	1,270,347	PER BOOKS
MERCY HEALTH PARTNERS	Q	12,587,333	PER BOOKS
MERCY HEALTH PARTNERS	R	456,154	PER BOOKS
MERCY HEALTH PARTNERS	S	1,760,467	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	L	957,265	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	1,189,757	PER BOOKS
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	Q	6,942,154	PER BOOKS
SIXTY FOURTH STREET LLC	C	392,561	PER TAX RETURN
SAINT MARY'S FOUNDATION	B	460,739	PER BOOKS
SAINT MARY'S FOUNDATION	C	545,684	PER BOOKS
SAINT MARY'S FOUNDATION	Q	90,774	PER BOOKS
MUSKEGON COMMUNITY HEALTH PROJECT	P	76,148	PER BOOKS
PROBILITY THERAPY SERVICES	P	90,836	PER BOOKS
PROBILITY THERAPY SERVICES	Q	475,192	PER BOOKS
WOODLAND IMAGING CENTER LLC	K	671,194	PER BOOKS
WOODLAND IMAGING CENTER LLC	L	145,136	PER BOOKS
WOODLAND IMAGING CENTER LLC	M	4,584,316	PER BOOKS
WOODLAND IMAGING CENTER LLC	Q	980,531	PER BOOKS
HURON ARBOR CORPORATION	K	1,497,960	PER BOOKS
HURON ARBOR CORPORATION	Q	1,272,024	PER BOOKS
CATHERINE MCAULEY HEALTH SERVICES CORP	L	545,234	PER BOOKS
IHA HEALTH SERVICES CORPORATION	B	7,464,032	PER BOOKS
IHA HEALTH SERVICES CORPORATION	K	132,131	PER BOOKS
IHA HEALTH SERVICES CORPORATION	M	36,839,141	PER BOOKS



<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
IHA HEALTH SERVICES CORPORATION	P	45,442,597	PER BOOKS
IHA HEALTH SERVICES CORPORATION	Q	6,055,378	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	B	203,691	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	L	8,910,392	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	P	460,905	PER BOOKS
ST JOSEPH MERCY CHELSEA INC	Q	84,998,032	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	P	281,377	PER BOOKS
TRINITY CONTINUING CARE SERVICES	Q	825,260	PER BOOKS
TRINITY HEALTH CORPORATION	B	66,160,281	PER BOOKS
TRINITY HEALTH CORPORATION	C	2,318,268	PER BOOKS
TRINITY HEALTH CORPORATION	L	128,897	PER BOOKS
TRINITY HEALTH CORPORATION	M	229,404,329	PER BOOKS
TRINITY HEALTH CORPORATION	P	46,153,276	PER BOOKS
TRINITY HEALTH CORPORATION	Q	16,359,203	PER BOOKS
TRINITY HEALTH CORPORATION	R	31,510,610	PER BOOKS
TRINITY HEALTH CORPORATION	S	16,320,698	PER BOOKS
TRINITY HEALTH ACO INC	S	6,200,909	PER BOOKS
WOODLAND IMAGING CENTER LLC	C	1,318,190	PER TAX RETURN
CENTER FOR DIGESTIVE CARE LLC	C	2,219,555	PER TAX RETURN
ADVENT REHABILITATION LLC	C	625,000	PER TAX RETURN
FRANCES WARDE MEDICAL LABORATORY	C	288,175	PER TAX RETURN
MISSION HEALTH CORPORATION	K	63,198	PER BOOKS