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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TRINITY HEALTH & AFFILIATES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P.O. BOX 5020

City or town, state or country, and ZIP + 4
MINOT, ND 58702-5020

D Employer identification number
33-1007002

E Telephone number
(701) 857-5178

G Gross receipts $ 216,129,881.

F Name and address of principal officer: JOHN M KUTCH
PO BOX 5020, MINOT, ND 58702-5020

H(a) Is this a group return for affiliates? ☒ Yes ☐ No — STMT 1

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

H(c) Group exemption number ▶ 3904

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

J Website: ▶ WWW.TRINITYHEALTH.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003 **M** State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TRINITY HEALTH IS COMMITTED TO PRESERVING AND IMPROVING THE QUALITY OF HEALTH OF THE PEOPLE WE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	2894
6	Total number of volunteers (estimate if necessary)	6	278
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,454,102.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,114,963.	1,824,331.
9	Program service revenue (Part VIII, line 2g)	196,198,527.	208,862,220.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,891.	<1,829,922.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<9,992.>	164,442.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,565,389.	209,021,071.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,057,560.	746,440.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	94,720,630.	98,906,041.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 461,216.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	84,406,914.	92,786,264.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	180,185,104.	192,438,745.
19	Revenue less expenses. Subtract line 18 from line 12	18,380,285.	16,582,326.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	340,629,106.	377,133,309.
21	Total liabilities (Part X, line 26)	165,536,037.	184,357,464.
22	Net assets or fund balances. Subtract line 21 from line 20	175,093,069.	192,775,845.

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: 9-10-10

▶ JOHN M KUTCH, PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Rick Arndt CPA — Date 8-18-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
BRADY, MARTZ & ASSOCIATES, P.C.
P.O. BOX 848
MINOT, ND 58702-0848

EIN ▶

Phone no ▶ (701)852-0196

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G13

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TRINITY HEALTH IS COMMITTED TO PRESERVING AND IMPROVING THE QUALITY OF HEALTH OF THE PEOPLE WE SERVE. OUR MISSION IS TO EXCEL AT MEETING THE NEEDS OF THE WHOLE PERSON THROUGH THE PROVISION OF QUALITY HEALTH CARE AND HEALTH RELATED SERVICES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 20,101,907. including grants of $) (Revenue $ 19,195,002.)
TRINITY HOMES IS A 292 BED HOSPITAL BASED SKILLED NURSING FACILITY PARTICIPATING IN MEDICARE AND MEDICAID PROGRAMS. RESIDENTS OF TRINITY HOMES, UNDER THE DIRECTION OF THEIR PHYSICIAN, ARE ABLE TO RECEIVE SKILLED NURSING CARE, PHYSICIAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, DIETETIC SERVICES, SOCIAL SERVICE, ACTIVITIES OF DAILY LIVING ASISTANCE, SPIRITUAL CARE AND RECREATIONAL ACTIVITIES.

4b (Code:) (Expenses $ 18,832,366. including grants of $) (Revenue $ 56,242,809.)
TRINITY HOSPITALS PHARMACY DEPARTMENT PROVIDES COMPREHENSIVE PHARMACEUTICAL SERVICES 24 HOURS PER DAY TO PROVIDERS AND PATIENTS. THROUGH INVESTMENTS IN TECHNOLOGY, OUR MEDICATION MANAGEMENT PROCESS ENSURES THE SAFE AND EFFECTIVE ADMINISTRATION AND MONITORING OF ALL MEDICATIONS. IN ADDITION TO PROVIDING MEDICATIONS AND RELATED SUPPLIES, THE PHARMACY PROVIDES DRUG INFORMATION TO PATIENTS AND HEALTHCARE PROVIDERS, DOSING AND PHARMACOKENETIC SERVICES, ADVERSE DRUG REACTION MONITORING, DRUG-DRUG AND DRUG-FOOD INTERACTION OF INFORMATION, DRUG COMPATIBILITIES, TOXICOLOGY AND NATURAL PRODUCT INFORMATION. SERVICES RANGE FROM MEDICATIONS DISPENSING TO PERFORMING COMPLEX PHARMACOKINETIC CALCULATIONS AND COMPOUNDING SPECIALIZED NUTRITION SOLUTIONS, CHEMOTHERAPY AND BIOLOGICAL REGIMENS. THE

4c (Code:) (Expenses $ 9,215,878. including grants of $) (Revenue $ 42,861,173.)
TRINITY HOSPITALS LABORATORY IS STAFFED 24/7, 365 DAYS/YR TO SERVE HOSPITAL, CLINIC AND OUTREACH PATIENTS. OUR PURPOSE IS TO PROVIDE LABORATORY TESTING TO AID THE PROVIDER IN DIAGNOSIS, TREATMENT AND FOLLOW-UP OF DISEASE AND WELLNESS. WE PROVIDE ROUTINE TESTING FREE OF CHARGE TO THE COMMUNITY "FREE CLINIC"; HAVE DONE PSA SCREENINGS AT THE ND STATE FAIR; AND DO SOME SCREENING TESTS FOR COMPANIES IN TOWN. WE HAVE PHLEBOTOMIST WHO GOES TO ASSISTED LIVING FACILITIES, NURSING HOMES AND PRIVATE HOMES TO DRAW BLOOD.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 106560374. including grants of $) (Revenue $ 90,563,236.)

4e **Total program service expenses** ▶ $ 154,710,525. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	X	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	183		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2894		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEVIN SEEHAFER - (701) 857-5178
P.O. BOX 5020, MINOT, ND 58702-5020

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN M KUTCH PRESIDENT/CEO/DIRECTOR	20.00	X		X				0.	0.	0.
TERRY G HOFF PRESIDENT/DIRECTOR	20.00	X		X				471,067.	200,160.	49,969.
BLAINE E. DESLAURIERS DIRECTOR	2.00	X						0.	0.	0.
DAVID FULLER DIRECTOR	2.00	X						0.	0.	0.
PATRICK HOLIEN DIRECTOR	2.00	X		X				0.	0.	0.
BORGI BEELER DIRECTOR	2.00	X						0.	0.	0.
KAREN KREBSBACH DIRECTOR	2.00	X		X				0.	0.	0.
PHILIP LOWE DIRECTOR	2.00	X						0.	0.	0.
TIMOTHY MIHALICK DIRECTOR	2.00	X		X				0.	0.	0.
CLARA SUE PRICE DIRECTOR	2.00	X						0.	0.	0.
MARTIN ROTHBERG, MD DIRECTOR	2.00	X						0.	879,993.	51,233.
KEVIN COLLINS M DIRECTOR	2.00	X						0.	656,262.	49,752.
JOHN COUGHLIN DIRECTOR	2.00	X						0.	0.	0.
STEVEN D LYSNE DIRECTOR	2.00	X						0.	0.	0.
DARYL B SOMERVILLE DIRECTOR	2.00	X						0.	0.	0.
KEVIN SEEHAFER CFO VICE PRESIDENT	20.00			X				163,228.	69,356.	39,815.
LOWELL HERFINDAHL VICE PRESIDENT	20.00				X			110,148.	46,803.	17,867.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
NANCY HOLMES SENIOR VICE PRESIDENT	20.00				X			164,140.	69,744.	37,140.
NICOLA ROED VICE PRESIDENT	20.00				X			76,815.	32,639.	12,652.
RANDY SCHWAN VICE PRESIDENT	20.00				X			109,418.	46,492.	32,777.
PAUL SIMONSON VICE PRESIDENT	20.00				X			145,631.	61,880.	41,275.
JULIE WALDERA VICE PRESIDENT	20.00				X			77,822.	33,067.	17,982.
THOMAS WARSOCKI VICE PRESIDENT	20.00				X			101,109.	42,962.	30,469.
RICK WITTMEIER ADMINISTRATOR	40.00				X			188,590.	0.	37,426.
MARGARET J HADDON MD PHYSICIAN-RADIOLOGIST	40.00					X		613,570.	0.	20,457.
JOHN NELSON MD EMERGENCY PHYSICIAN	40.00					X		482,183.	0.	47,228.
JEFFREY A SATHER MD EMERGENCY PHYSICIAN	40.00					X		464,569.	0.	46,973.
1b Total ▶								3,891,850.	2,139,358.	599,504.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 47

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY AMBULANCE SERVICE OF MINOT INC PO BOX 2195, MINOT, ND 58702-2195	AMBULANCE SERVICE	1,939,739.
UNITED BLOOD SERVICES PO BOX 53022, PHOENIX , AZ 85072	BLOOD SERVICE	1,496,019.
UND SCHOOL OF MEDICINE & HEALTH SCIENCE, 501 NORTH COLUMBIA ROAD, GRAND FORKS, ND	RESIDENT SERVICE	1,000,000.
ON ASSIGNMENT HEALTHCARE STAFFING PO BOX 633307, CINCINNATI, OH 45263-3307	PHYSICIAN LOCUM SERVICE	927,067.
TOTAL EMED OF TENNESSEE INC, 13552 COLLECTION CENTER DRIVE, CHICAGO , IL	TRANSCRIPTION & RELATED SERVICE	910,907.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 20

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1824331.				
	g Noncash contributions included in lines 1a-1f $ 3,271.						
	h **Total.** Add lines 1a-1f			1,824,331.			
Program Service Revenue		Business Code					
	2a OTHER PAYORS	541610		109779733.	109779733.		
	b MEDICARE/MEDICAID	541610		96520293.	96520293.		
	c DIETARY SERVICE	722320		1,385,757.	1,108,092.	277,665.	
	d ADMINSTRATIVE & SUPPOR	561000		688,103.		688,103.	
	e LABORATORY SERVICE	621500		382,994.		382,994.	
	f All other program service revenue	541900		105,340.		105,340.	
	g **Total.** Add lines 2a-2f			208862220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			688,560.	688,560.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	51,554.					
	b Less: rental expenses	76,440.					
	c Rental income or (loss)	<24,886.>					
	d Net rental income or (loss)			<24,886.>	<24,886.>		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	4289656.	208,546.				
	b Less: cost or other basis and sales expenses	6818519.	198,165.				
	c Gain or (loss)	<2528863>	10,381.				
	d Net gain or (loss)			<2518482.>	<2518482.>		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	10,030.				
	b Less: direct expenses	b	15,686.				
	c Net income or (loss) from fundraising events			<5,656.>	<5,656.>		
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a VENDOR REBATE	900099		164,656.	164,656.		
	b TUITION & FEES	900099		30,328.	30,328.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			194,984.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			209021071.	205742638.	1454102.	0.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	702,097.	702,097.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	44,343.	44,343.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,307,078.	2,465,029.	1,842,049.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	78,414,666.	61,995,274.	16,362,532.	56,860.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,788,964.	3,083,461.	702,800.	2,703.
9 Other employee benefits	6,707,535.	4,699,589.	2,002,896.	5,050.
10 Payroll taxes	5,687,798.	4,555,259.	1,128,542.	3,997.
11 Fees for services (non-employees):				
a Management				
b Legal	64,766.		64,671.	95.
c Accounting	135,374.	48.	135,326.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	5,537,931.	3,702,484.	1,817,772.	17,675.
12 Advertising and promotion	912,437.		912,437.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	2,300,647.	1,545,517.	755,130.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225,458.	101,599.	121,676.	2,183.
20 Interest	4,506,218.	2,795,944.	1,710,274.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,042,597.	3,890,632.	5,151,500.	465.
23 Insurance	946,211.	574,633.	371,578.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES	41,022,515.	38,888,572.	1,860,672.	273,271.
b PURCHASED SERVICE	10,498,413.	9,547,721.	911,345.	39,347.
c BAD DEBT EXPENSE	9,588,086.	9,572,914.		15,172.
d RENTAL/MAINTENANCE	9,096,129.	4,578,531.	4,517,598.	
e MEDICAL DIRECTORS	1,076,575.	1,076,135.	440.	
f All other expenses	<2,167,093.>	890,743.	<3,102,234.>	44,398.
25 **Total functional expenses.** Add lines 1 through 24f	192,438,745.	154,710,525.	37,267,004.	461,216.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	15,267,917.	1	10,338,761.
	2	Savings and temporary cash investments	1,347,438.	2	1,387,687.
	3	Pledges and grants receivable, net	76,795.	3	38,765.
	4	Accounts receivable, net	225,149,387.	4	274,282,222.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	491,275.	7	613,763.
	8	Inventories for sale or use	5,183,306.	8	4,644,761.
	9	Prepaid expenses and deferred charges	2,530,918.	9	2,111,672.
	10a	Land, buildings, and equipment. cost basis 10a 179,608,786.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 117,775,090.	62,995,781.	10c	61,833,696.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	10,801,033.	12	10,220,989.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,785,256.	15	11,660,993.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	340,629,106.	16	377,133,309.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,547,230.	23	920,495.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	163,988,807.	25	183,436,969.
	26	**Total liabilities.** Add lines 17 through 25	165,536,037.	26	184,357,464.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	171,142,292.	27	188,703,309.
	28	Temporarily restricted net assets	3,574,842.	28	3,702,946.
	29	Permanently restricted net assets	375,935.	29	369,590.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	175,093,069.	33	192,775,845.
	34	Total liabilities and net assets/fund balances	340,629,106.	34	377,133,309.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
TRINITY HEALTH & AFFILIATES	33-1007002

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: (Please check only **one** organization.)

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.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
TRINITY HEALTH & AFFILIATES	33-1007002

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $ 57,234.

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group

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 (grassroots 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. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		57,234.
j	Total lines 1c through 1i			57,234.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A, LINE 1:

LOBBYING ACTIVITIES CONSIST OF PORTION OF ANNUAL MEMBERSHIP DUES IDENTIFIED ON RENEWAL AS ASSOCIATED WITH LOBBYING ACTIVITY. ASSOCIATIONS INCLUDE ND HEALTHCARE ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, ND LONG TERM CARE ASSOCIATION, NATIONAL HOSPICE ASSOCIATION AND HEALTH POLICY CONSORTIUM.

Part IV **Supplemental Information** *(continued)*

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES CONSIST OF PORTION OF ANNUAL MEMBERSHIP DUES IDENTIFIED ON RENEWAL AS ASSOCIATED WITH LOBBYING ACTIVITY. ASSOCIATIONS INCLUDE ND HOSPITAL ASSOCIATION, AMERICAL HOSPITAL ASSOCIATION, ND LONG TERM CARE ASSOCIATION, NATIONAL HOSPICE ASSOCIATION, HEALTH POLICY CONSORTIUM, AND SECTION 508 HOSPITAL COALITION.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TRINITY HEALTH & AFFILIATES

Employer identification number

33-1007002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

		Amount
c Beginning balance	1c	265,704.
d Additions during the year	1d	
e Distributions during the year	1e	45,451.
f Ending balance	1f	220,253.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	313,288.				
b Contributions					
c Investment earnings or losses	<5,031.>				
d Grants or scholarships	2,934.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	305,323.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 58.00 %
c Term endowment ▶ 42.00 %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		355,000.		355,000.
b Buildings		43,231,601.	18,896,165.	24,335,436.
c Leasehold improvements		19,447.	19,447.	0.
d Equipment		134,177,016.	98,859,478.	35,317,538.
e Other		1,825,722.		1,825,722.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				61,833,696.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCOUNTS PAYABLE	5,335,026.
SALARIES, WAGES, TAXES & WITHOLDING	3,050,065.
ACCRUED VACATION & SICK	4,944,778.
ACRUED 3RD PARTY LIABILITY	250,000.
ACCRUED MALPRACTICE INSURANCE	1,077,000.
ACCRUED INTEREST	2,351,584.
OTHER ACCRUED EXPENSES	3,579,283.
RESIDETN TRUST FUND	33,649.
CURRENT PORTION OF LONG-TERM LIABILITY	1,626,736.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	183,436,969.

In Part XIV, 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. SEE PART XIV FOR CONTINUATIONS

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	209,021,071.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	192,438,745.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	16,582,326.
4	Net unrealized gains (losses) on investments	4	1,081,132.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	19,318.
9	Total adjustments (net). Add lines 4-8	9	1,100,450.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	17,682,776.

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

1	Total revenue, gains, and other support per audited financial statements			1	209,317,638.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,081,132.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	92,126.		
e	Add lines **2a** through **2d**			2e	1,173,258.
3	Subtract line **2e** from line **1**			3	208,144,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	876,691.		
c	Add lines **4a** and **4b**			4c	876,691.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	209,021,071.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	191,884,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	92,126.		
e	Add lines **2a** through **2d**			2e	92,126.
3	Subtract line **2e** from line **1**			3	191,792,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	646,051.		
c	Add lines **4a** and **4b**			4c	646,051.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	192,438,745.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE FUNDS FOR STAFF EDUCATION AND SCHOLARSHIPS, AND FOR THE PURCHASE OF NEW EQUIPMENT.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF MAOPS: 249958.

FOUNDATION RESTRICTED FUND TRANSFER: -230640.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE: 76440.

FUND RAISING EXPENSE: 15686.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME: 17200.

GIFTS & CONTRIBUTION: 859491.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE: 76440.

FUNDRAISING EXPENSE: 15686.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS: 628851.

INTEREST EXPENSE: 17200.

Part XIV Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
DUR FROM AFFILIATES	161,088,351.
OTHER CURRENT LIABILITIES.	13,140.
96 B SERIES UNDERWRITER DISC	87,357.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals [X] Applied uniformly to all hospitals [ ] Applied uniformly to most hospitals [ ] Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 125 %	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 125 %	3b	X	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		X
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b		X

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *Worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *Worksheet 3, column a)*						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
TRINITY HOSPITAL ONE BURDICK EXPRESSWAY WEST MINOT, ND 58701	X	X		X			X		TRINITY HOSPITALS
TRINITY HOSPITAL ST JOSEPH'S 407 3RD STREET SE MINOT, ND 58701	X	X							TRINITY HOSPITALS
TRINITY KENMARE HOSPITAL PO BOX 697 KENMARE, ND 58746-0697					X		X		
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58703									SKILLED NURSING HOME
TRINITY HEALTH CENTER MEDICAL ARTS 400 BURDICK EXPRESSWAY EAST MINOT, ND 58701									PROVIDER BASED CLINIC
TRINITY HEALTH CENTER-EAST 20 BURDICK EXPRESSWAY WEST MINOT, ND 58701									PROVIDER BASED CLINIC
TRINITY HEALTH CENTER-WEST 101 3RD AVENUE SW MINOT, ND 58701									PROVIDER BASED CLINC
TRINITY REGIONAL EYECARE-MINOT CENTER 120 BURDICK EXPRESSWAY EAST MINOT, ND 58701									PROVIDER BASED CLINIC
TRINITY HEALTH CENTER-RIVERSIDE 1900 8TH AVENUE SE MINOT, ND 58701									PROVIDER BASED CLINIC
TRINITY HEALTH CENTER-TOWN & COUNTRY 831 SOUTH BROADWAY MINOT, ND 58701									PROVIDER BASED CLINIC
TRINITY HOSPITALS HOME HEALTH/HOSPICE 1015 SOUTH BROADWAY STE 306 MINOT , ND 58701									HOME HEALTH & HOSPICE
TRINITY HOSPITALS HOSPITAL ROAD BELCOURT, ND 58316									DIALYSIS SERVICES

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B&B TECHNOLOGY 307 5TH AVE SE STE 411 MINOT, ND 58701	45-0260565		7,372.	0.			COMPUTERS FOR NCF-PRIDE
TRINITY FOUNDATION PO BOX 5020 MINOT, ND 58702	45-0215346	501(C)(3)	5,000.	0.			PRIDE CONTRIBUTION
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	75,112.	0.			PRIDE-NURSE CALL SYSTEM/ADDICTION SERVIES SUPPLIES
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	12,250.	0.			CHAIR CAMPAIGN REIMBURSEMENT
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	40,505.	0.			CANCER EXERCISE REHAB
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	37,303.	0.			PT MONITORING EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations ▶ 6.

3 Enter total number of other organizations ▶ 6.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH	96	44,343.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: TRINITY HEALTH & AFFILIATES DOES NOT HAVE A PROCEDURE FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	37,611.	0.			ODYSSEY REIMBURSEMENT
TRINITY HEALTH PO BOX 5020 MINOT, ND 58702	45-0226558	501(C)(3)	16,967.	0.			FAST-GUEST HOUSE REIMBURSEMENT
BACON SIGNS PO BOX 3 MINOT, ND 58702	45-0106240		8,112.	0.			CANCER COTTAGE SIGN
I KEATINGS 10 S BROADWAY MINOT, ND 58701	45-0283974		12,470.	0.			FURNITURE FOR CANCERCARE COTTAGE
SCHOCK'S SAFE & LOCK 24 NORTH MAIN MINOT, ND 58703	45-0448431		7,739.	0.			CANCER COTTAGE LOCKS
THE STEREO SHOP 304 BURDICK EXPRESSWAY W MINOT, ND 58701	45-0322426		5,188.	0.			CANCERCARE COTTAGE TV'S-WALL MOUNTS INV 10896
AMERICAN CANCER SOCIETY PO BOX 1722 MINOT, ND 58702	13-1788491	501(C)(3)	5,000.	0.			RELAY FOR LIFE
YMCA PO BOX 69 MINOT, ND 58702	45-0237612	501(C)(3)	75,000.	0.			DONATION

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORSK HOSTFEST PO BOX 1347 MINOT, ND 58702	45-0353644	501(C)(3)	26,400.	0.			DONATION
MINOT STATE UNIVERSITY 500 UNIVERSITY AVE W MINOT, ND 58707	45-6002481		7,000.	0.			DONATION
ND STATE FAIR CENTER PO BOX 1796 MINOT, ND 58702	45-6013410		6,590.	0.			ND STATE FAIR

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TRINITY HEALTH & AFFILIATES

Employer identification number

33-1007002

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	319,651.	6,100.	145,316.	0.	35,068.	506,135.	0.
TERRY G HOFF	(ii)	135,822.	2,592.	61,746.	0.	14,901.	215,061.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MARTIN ROTHBERG, MD	(ii)	682,792.	0.	197,201.	0.	51,233.	931,226.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
KEVIN COLLINS M	(ii)	291,826.	337,023.	27,413.	0.	49,752.	706,014.	0.
	(i)	158,331.	2,888.	2,009.	0.	27,942.	191,170.	0.
KEVIN SEEHAFER	(ii)	67,276.	1,227.	853.	0.	11,873.	81,229.	0.
	(i)	110,148.	0.	0.	0.	12,539.	122,687.	0.
LOWELL HERFINDAHL	(ii)	46,803.	0.	0.	0.	5,328.	52,131.	0.
	(i)	159,896.	2,981.	1,263.	0.	26,065.	190,205.	0.
NANCY HOLMES	(ii)	67,941.	1,266.	537.	0.	11,075.	80,819.	0.
	(i)	107,488.	1,930.	0.	0.	23,192.	132,610.	0.
RANDY SCHWAN	(ii)	45,672.	820.	0.	0.	9,585.	56,077.	0.
	(i)	141,675.	2,693.	1,263.	0.	28,967.	174,598.	0.
PAUL SIMONSON	(ii)	60,199.	1,144.	537.	0.	12,308.	74,188.	0.
	(i)	101,109.	0.	0.	0.	21,383.	122,492.	0.
THOMAS WARSOCKI	(ii)	42,962.	0.	0.	0.	9,086.	52,048.	0.
	(i)	180,524.	3,404.	4,662.	0.	37,426.	226,016.	0.
RICK WITTMEIER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	580,769.	30,724.	2,077.	0.	20,457.	634,027.	0.
MARGARET J HADDON MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	478,128.	0.	4,055.	0.	47,228.	529,411.	0.
JOHN NELSON MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	417,200.	43,636.	3,733.	0.	46,973.	511,542.	0.
JEFFREY A SATHER MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	393,096.	0.	4,044.	0.	45,486.	442,626.	0.
SCOTT ERIC KNUTSON MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	316,787.	5,900.	3,733.	0.	21,003.	347,423.	0.
KEVIN FRANKS MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

TRINITY HEALTH & AFFILIATES

Employer Identification number

33-1007002

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SCOTT ERIC KNUTSON MD EMERGENCY PHYSICIAN	40.00					X		397,140.	0.	45,486.
KEVIN FRANKS MD EMERGENCY PHYSICIAN	40.00					X		326,420.	0.	21,003.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TRINITY HEALTH & AFFILIATES

Employer identification number

33-1007002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE. OUR MISSION IS TO EXCEL AT MEETING THE NEEDS OF THE WHOLE PERSON THROUGH THE PROVISION OF QUALITY HEALTH AND HEALTH RELATED SERVICES. TRINITY HOSPITALS IS THE LARGEST HOSPITAL PROVIDER IN NORTHWEST NORTH DAKOTA, WITH AN ACUTE CARE FACILITY WHICH IS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 2 TRAUMA CENTER. THE FACILITY ALSO INCLUDES A NEONATAL INTENSIVE CARE UNIT, A KIDNEY DIALYSIS UNIT, AN INPATIENT REHABILITATION CENTER, AN INPATIENT PSYCHIATRIC UNIT AND A COMPREHENSIVE COMPLIMENT OF BOTH ACUTE CARE AND OUTPATIENT SERVICES ALONG WITH A SKILLED NURSING HOME FACILITY AND A CRITICAL ACDCESS HOSPITAL IN KENMARE. TRINITY PROVIDED OVER $950,000 OF COMMUNITY BENEFIT THROUGH COMMUNITY EDUCATION PROGRAMS AND EVENTS, SCREENINGS AND SUPPORT OF UND FAMILY MEDICINE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

PHARMACY DEPARTMENT ALSO PARTICIPATED IN FMEA FAILURE MODE EFFECT ANALYSIS AND ROOT CAUSE ANALYSIS IN COOPERATION WITH OTHER DEPARTMENTS. RETROSPECTIVE AND CONCURRENT CHART REVIEWS ARE CONDUCTED TO ASSESS TIMELINESS AND APPROPRIATENESS OF THERAPY, AS WELL AS HOW WELL THE PATIENTS' NEEDS ARE BEING MET.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRINITY HEALTH & AFFILIATES PROVIDES HOSPITAL SERVICES TO CENTRAL AND NORTHWEST NORTH DAKOTA AND NORTHEASTERN MONTANA.

EXPENSES $ 106560374. INCLUDING GRANTS OF $ 0. REVENUE $ 90563236.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

Name of the organization	Employer identification number
TRINITY HEALTH & AFFILIATES	33-1007002

FORM 990, PART VI, SECTION A, LINE 10: BEFORE THE FORM 990 IS FILED WITH THE IRS, THE GOVERNING BODY OF TRINITY HEALTH & AFFILIATES IS GIVEN A COPY OF THE FORM 990 TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ALL SALARIED EMPLOYEES (AT MANAGER LEVEL AND ABOVE AS DETERMINED BY TRINITY) AND SUCH OTHER EMPLOYEES AS FROM TIME TO TIME MAY BE DIRECTED TO DO SO, ARE REQUIRED TOP COMPLETE OUR CONFLICT OF INTEREST STATEMENT YEARLY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWED COMPENSATION INFORMATION FOR THE CHIEF EXECUTIVE OFFICER PREPARED BY DELOITTE & TOUCHE. DELOITTE & TOUCHE ANALYZED FOUR COMPENSATION SURVEYS OF HEALTH CARE EMPLOYERS AND REVIEWED FORM 990 FILINGS FOR A PEER GROUP ANALYSIS.

FORM 990, PART VI, SECTION C, LINE 18: WE WOULD MAKE OUR FORM 990 AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: ON OUR WEB SITE WWW.TRINITYHEALTH.ORG WE LIST OUR BOARD OF DIRECTORS, MISSION, VISION, VALUES AND OUR ANNUAL REPORT WHICH INCLUDES FINANICAL INFORMATION. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

TRINITY HEALTH & AFFILIATES HAS AN AUDIT COMMITTEE THAT HAS THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TRINITY HEALTH & AFFILIATES

Employer identification number

33-1007002

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

FORM 990, PAGE 1, BOX B

AMENDED RETURN

TRINITY HEALTH & AFFILIATES IS AMENDING ITS 2008 990 RETURN DUE TO CHANGES TO SCHEDULE B, SCHEDULE I AND SCHEDULE I-1.

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

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

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
MEDICAL ARTS OUTPATIENT SERVICES INC - 45-0278212 400 BURDICK EXPRESSWAY EAST MINOT, ND 58701	RETAIL PHARMACY AND DURABLE MEDICAL EQUIPMENT	ND	TRINITY HEALTH	C CORP	436,705.	5088950.	100%

Part V Transactions With Related Organizations

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

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.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	MEDICAL ARTS OUTPATIENT SERVICES INC.	A	92,300.
(2)	MEDICAL ARTS OUTPATIENT SERVICES INC.	O	472,500.
(3)			
(4)			
(5)			
(6)			

FORM 990 LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
TRINITY HOSPITALS	P.O. BOX 5020 - MINOT, ND 58702-5020	41-2002771
TRINTY KENMARE HOSPITAL	P.O. BOX 5020 - MINOT, ND 58702-5020	41-2002769
TRINITY HOMES	P.O. BOX 5020 - MINOT, ND 58702-5020	45-0404412
TRINITY HEALTH FOUNDATION	P.O. BOX 5020 - MINOT, ND 58702-5020	45-0215346