See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **and ending**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
TRINITY HEALTH SYSTEM GROUP

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
380 SUMMIT AVENUE

City or town, state or country, and ZIP + 4
STEUBENVILLE, OH 43952

F Name and address of principal officer. FRED BROWER
SAME AS C ABOVE

D Employer identification number
30-0752920

E Telephone number
740-283-7000

G Gross receipts $ 242,405,030.

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

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

H(c) Group exemption number ▶ 5388

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

J Website: ▶ WWW.TRINITYHEALTH.COM

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

L Year of formation: 1996 **M** State of legal domicile: OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	1968
	6	Total number of volunteers (estimate if necessary)	139
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,314,394.
	b	Net unrelated business taxable income from Form 990-T, line 34	626,989.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	743,691.	1,055,974.
	9	Program service revenue (Part VIII, line 2g)	182,144,432.	186,225,451.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,221.	5,823,498.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,022,731.	10,738,105.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,383,075.	203,843,028.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	169,675.	137,777.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	90,428,371.	97,842,434.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,844,934.	95,706,969.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	181,442,980.	193,687,180.
	19	Revenue less expenses. Subtract line 18 from line 12	5,940,095.	10,155,848.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	171,179,695.	186,704,305.
	21	Total liabilities (Part X, line 26)	73,952,508.	87,003,375.
	22	Net assets or fund balances. Subtract line 21 from line 20	97,227,187.	99,700,930.

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: 12-5-12

▶ FRED BROWER, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STEPHEN A. SHERIDAN	Preparer's signature	Date: 11-28-12	Check ☐ if self-employed	PTIN: P00028551
Firm's name ▶ BLUE & CO., LLC				Firm's EIN ▶ 35-1178661
Firm's address ▶ 8800 LYRA DRIVE SUITE 450 COLUMBUS, OH 43240				Phone no. (614) 885-2583

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

HY

91,14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.

4a (Code _____) (Expenses $ 90,857,561. including grants of $ _____) (Revenue $ 103,237,165.)
TRINITY HEALTH SYSTEM'S CANCER TREATMENT CAPABILITIES GREW SUBSTANTIALLY WITH THE CONSTRUCTION OF THE TONY TERAMANA CANCER CENTER. OPENED IN JANUARY, 2000, THE CENTER HOUSES ONE OF THE MOST POWERFUL TOOLS IN CANCER TREATMENT; THE VARIAN CLINIC 21EX LINEAR ACCELERATOR. THIS UNIT, TERMED THE "GOLD STANDARD" IN CANCER TREATMENT, WAS ONLY ONE OF FOUR IN THE WORLD WHEN IT WAS INSTALLED. THE CENTER ALSO UTILIZES A NEWLY PURCHASED SIMULATOR WHICH IS DIRECTLY LINKED TO TRINITY'S CT SCANNER, A PET SCANNER AND A SECOND LINEAR ACCELERATOR. THIS FEATURE ALLOWS RADIATION ONCOLOGISTS TO PERFORM TREATMENT PLANNING EQUAL TO MAJOR METROPOLITAN HEALTH CENTERS. THE TONY TERAMANA CANCER CENTER ALSO PROVIDES CHEMOTHERAPY AND SURGICAL CONSULTATION SERVICES FOR REGIONAL RESIDENTS.

4b (Code _____) (Expenses $ 62,422,113. including grants of $ _____) (Revenue $ 70,213,824.)
TRINITY HEALTH SYSTEM COMPRISES THE MOST COMPLETE HEALTH CARE OPTION IN EASTERN OHIO. THE HOSPITAL INCLUDES TRINITY EAST AND TRINITY WEST WHICH HAS COMBINED CAPACITY OF OVER 500 BEDS. TRINITY EAST OFFERS A VARIETY OF SERVICES INCLUDING SKILLED CARE, LONG-TERM CARE, INPATIENT PHYSICAL REHABILITATION AND BEHAVIORAL MEDICINE SERVICES (MENTAL HEALTH & ADDICTION RECOVERY). TRINITY WEST IS A FULL SERVICE ACUTE CARE FACILITY OFFERING 24 HOUR EMERGENCY CARE, KIDNEY DIALYSIS, LITHOTRIPSY, ENDOSCOPY AND RELATED SERVICES, SURGERY AND MEDICAL SURGICAL INPATIENT UNITS AND ALL OTHER DIAGNOSTIC DEPARTMENTS SURGERY AND MEDICAL SURGICAL INPATIENT UNITS, COMPREHENSIVE CARDIAC CARE, PEDIATRICS, WOMEN'S HEALTH, INPATIENT/OUTPAIENT SURGICAL SERVICES, WOUND CLINIC, OCCUPATIONAL MEDICINE AND A FULL ARRAY OF DIAGNOSTIC CAPABILITIES.

4c (Code _____) (Expenses $ 4,622,918. including grants of $ _____) (Revenue $ 12,774,464.)
THE EMERGENCY SERVICES OF TRINITY HEALTH SYSTEM ARE AVAILABLE AT TRINITY MEDICAL CENTER WEST. THE ER HAS BEEN REMODELED AND EXPANDED TO ACCOMMODATE PATIENTS REQUIRING TREATMENT - IT HAS DOUBLED IN SIZE AND NOW HAS TWICE AS MANY TREATMENT BEDS AVAILABLE AND MORE PHYSICIAN, PROFESSIONAL AND SUPPORT STAFF HAVE BEEN ADDED TO PROVIDE CARE. A DEDICATED X-RAY ROOM HAS BEEN CONSTRUCTED ADJACENT TO THE ER AND SPECIAL TREATMENT AREAS HAVE BEEN CONSTRUCTED FOR CARDIAC EMERGENCIES, TRAUMA, PEDIATRIC EMERGENCIES, OBSTETRICAL EMERGENCIES, SUTURING AND FRACTURES. THE ER IS OPEN 24 HOURS/7 DAYS A WEEK FOR ALL LEVELS OF EMERGENCY AND URGENT CARE. IN 2011, WE HAD 47,092 EMERGENCY ROOM VISITS.

4d Other program services (Describe in Schedule O)
(Expenses $ 11,913,333. including grants of $ _____) (Revenue $ 7,928,004.)

4e **Total program service expenses** ▶ 169,815,925.

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school 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 United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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, Parts II and IV*	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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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 lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	131		
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	1968		
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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a: 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b: 14			
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
FRED BROWER - 740-283-7000
380 SUMMIT AVENUE, STEUBENVILLE, OH 43952

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

Check if Schedule O contains a response to any question in this Part VII [X]

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BARBER VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(2) MICHAEL BIASI BOARD MEMBER	2.00	X						0.	0.	0.
(3) FRED BROWER BOARD MEMBER	40.00	X						0.	368,913.	88,697.
(4) DAN DAILY BOARD MEMBER	2.00	X						0.	0.	0.
(5) ERIC EXLEY SECRETARY	2.00	X		X				0.	0.	0.
(6) SHEILA HENDRICKS BOARD MEMBER	2.00	X						0.	0.	0.
(7) BRUCE HITCHCOCK (REV) BOARD MEMBER	2.00	X						0.	0.	0.
(8) WILLIAM JOHNS, MD BOARD MEMBER	2.00	X						0.	30,250.	0.
(9) BRIJINDER KOCHHAR, MD BOARD MEMBER	2.00	X						0.	750.	0.
(10) CLYDE METZGER, MD CHAIRMAN	2.00	X		X				0.	0.	0.
(11) JAMES PADDEN TREASURER	2.00	X		X				0.	0.	0.
(12) JAMES POPE BOARD MEMBER	2.00	X						0.	656,723.	98,074.
(13) DOUGLAS W. SCHAEFER BOARD MEMBER	2.00	X						0.	0.	0.
(14) DAVID SKIVIAT, SR. BOARD MEMBER	2.00	X						0.	0.	0.
(15) SR. JEANETTE ZIELINSKI, OSF BOARD MEMBER	2.00	X						0.	0.	0.
(16) PAUL DIBIASE BOARD MEMBER	2.00	X						0.	0.	0.
(17) LIZ ALLEN CFO	40.00			X				0.	243,209.	29,545.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAMANA MURTY, MD PHYSICIAN	40.00					X		1,171,637.	0.	0.
(19) KUMAR AMIN, MD PHYSICIAN	40.00					X		1,037,765.	0.	0.
(20) NASROLLAH JAHDI, MD PHYSICIAN	40.00					X		998,341.	0.	0.
(21) HIMANSHU DESAI, MD PHYSICIAN	40.00					X		820,464.	0.	0.
(22) BASEL TERMANINI, MD PHYSICIAN	40.00					X		804,714.	0.	0.
1b Sub-total ▶								4,832,921.	1,299,845.	216,316.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								4,832,921.	1,299,845.	216,316.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 51

		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*		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*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARUP, 500 CHIPETA WAY, SALT LAKE CITY, UT 84108, SALT LAKE CITY,	LAB SERVICES	1,009,531.
STEEL VALLEY ER PHYSICIANS 2720 SUNSET BLVD,, STEUBENVILLE, OH 43952	ER PHYSICIANS	436,250.
BIOTRONICS INC., 1370 BEULAH ROAD, 2ND FLOOR, PITT, PITTSBURGH, PA 15235	CARDIOPULMONARY & INFUSION SERVICES	417,698.
HEALTH RECORD SERVICES, , 1777 REISTERTOWN RD, SUITE, BALTIMORE, MD 21208	HEALTH RECORDS	328,467.
ALLEGHENY GENERAL HOSPITAL, 320 EAST NORTH AVENUE,, PITTSBURGH, PA 15212	IMAGING SERVICES	326,128.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 18

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	708,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	347,974.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	1055974.			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE RE	621990	186,225,451.	184,940,737.	1,284,714.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	186,225,451.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1454951.			1,454,951.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents	1,065,785.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	1,065,785.				
	d Net rental income or (loss)	▶	1065785.		29,680.	1,036,105.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	37,790,562.	5,059,153.			
	b Less: cost or other basis and sales expenses	37,982,560.	498608.			
	c Gain or (loss)	-191,998.	4,560,545.			
	d Net gain or (loss)	▶	4368547.			4,368,547.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 94,378.				
	b Less: direct expenses	b 80,834.				
	c Net income or (loss) from fundraising events	▶	13,544.			13,544.
	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 MISCELLANEOUS	900099	6298756.	6298756.		
	b CAFETERIA	722210	1506864.			1,506,864.
	c TUITION AND FEES	900099	722,425.	722,425.		
	d All other revenue	621300	1130731.	906,825.		223,906.
	e **Total.** Add lines 11a-11d	▶	9658776.			
	12 **Total revenue.** See instructions.	▶	203,843,028.	192,868,743.	1,314,394.	8,603,917.

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).

Check if Schedule O contains a response to any question in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,100.	3,100.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	134,677.	134,677.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	257,497.	257,497.		
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	74,150,430.	64,992,852.	9,157,578.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	5,666,925.	4,967,060.	699,865.	
9	Other employee benefits	12,780,548.	11,202,150.	1,578,398.	
10	Payroll taxes	4,987,034.	4,371,135.	615,899.	
11	Fees for services (non-employees):				
a	Management	4,673,930.	4,096,700.	577,230.	
b	Legal	247,684.	217,095.	30,589.	
c	Accounting	210,704.	184,682.	26,022.	
d	Lobbying	10,669.	9,343.	1,326.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	216,988.	190,190.	26,798.	
g	Other	8,093,650.	7,094,085.	999,565.	
12	Advertising and promotion	683,563.	599,143.	84,420.	
13	Office expenses	1,889,280.	1,655,954.	233,326.	
14	Information technology	71,453.	62,629.	8,824.	
15	Royalties				
16	Occupancy	7,465,622.	6,543,618.	922,004.	
17	Travel	204,503.	179,247.	25,256.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,384.	27,508.	3,876.	
20	Interest	1,902,743.	1,667,754.	234,989.	
21	Payments to affiliates	589,996.	517,131.	72,865.	
22	Depreciation, depletion, and amortization	8,490,877.	7,442,254.	1,048,623.	
23	Insurance	160,625.	140,788.	19,837.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	25,819,165.	22,630,498.	3,188,667.	
b	BAD DEBT	13,302,452.	11,659,599.	1,642,853.	
c	DRUGS	7,818,559.	6,852,967.	965,592.	
d	MISCELLANOUS	7,286,382.	6,386,817.	899,565.	
e	All other expenses	6,536,740.	5,729,452.	807,288.	
25	**Total functional expenses.** Add lines 1 through 24e	193687180.	169815925.	23,871,255.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		31,783.	1	
	2	Savings and temporary cash investments		6,655,363.	2	11,326,721.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,814,655.	4	23,292,733.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		851,216.	7	
	8	Inventories for sale or use		2,978,134.	8	3,053,351.
	9	Prepaid expenses and deferred charges		1,753,575.	9	3,048,953.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 208,125,267.			
	b	Less: accumulated depreciation	10b 155,339,524.	54,444,657.	10c	52,785,743.
	11	Investments - publicly traded securities		67,085,269.	11	71,003,548.
	12	Investments - other securities. See Part IV, line 11			12	1,391,577.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		1,700,000.	14	2,889,110.
	15	Other assets. See Part IV, line 11		15,865,043.	15	17,912,569.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		171,179,695.	16	186,704,305.
Liabilities	17	Accounts payable and accrued expenses		16,596,314.	17	21,384,515.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		42,529,501.	20	41,247,880.
	21	Escrow or custodial 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			23	836,155.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		14,826,693.	25	23,534,825.
	26	**Total liabilities.** Add lines 17 through 25		73,952,508.	26	87,003,375.
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		88,701,494.	27	91,688,669.
	28	Temporarily restricted net assets		6,401,695.	28	5,909,930.
	29	Permanently restricted net assets		2,123,998.	29	2,102,331.
		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		97,227,187.	33	99,700,930.
	34	Total liabilities and net assets/fund balances		171,179,695.	34	186,704,305.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	203,843,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,687,180.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,155,848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,227,187.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,682,105.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	99,700,930.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
TRINITY HEALTH SYSTEM GROUP	30-0752920

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

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

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?

		Yes	No
(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?		

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered "Yes" 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
TRINITY HEALTH SYSTEM GROUP	30-0752920

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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.

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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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 similar means?		X	
i Other activities?	X		10,659.
j Total. Add lines 1c through 1i			10,659.
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 **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the 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
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds. Complete if the 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	743,000.	743,000.	586,000.	838,000.	
b	Contributions					
c	Net investment earnings, gains, and losses	3,827.	68,173.	203,695.	-209,389.	
d	Grants or scholarships					
e	Other expenditures for facilities and programs		60,682.	39,282.	33,771.	
f	Administrative expenses	3,827.	7,491.	7,413.	8,840.	
g	End of year balance	743,000.	743,000.	743,000.	586,000.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		703,748.		703,748.
b Buildings		35,573,062.	29,252,285.	6,320,777.
c Leasehold improvements		57,292.	57,292.	0.
d Equipment		171438580.	126029947.	45,408,633.
e Other		352,585.		352,585.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	52,785,743.

Schedule D (Form 990) 2011

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1) INTEREST IN NET ASSETS OF THE FOUNDATION	13,679,422.
(2) DUE FROM AFFILIATES	3,276,947.
(3) OTHER RECEIVABLES	773,518.
(4) ACCRUED INTEREST	182,682.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	17,912,569.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE TO AFFILIATES	1,165,490.
(3) RETIREMENT BENEFIT PAYABLE	19,541,271.
(4) INSURANCE CLAIMS RESERVE	2,828,064.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	23,534,825.

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

Part 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		UNIFORM SALE	BOOK SALE	5	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	15,579.	59,705.	19,094.	94,378.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,579.	59,705.	19,094.	94,378.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,545.	49,963.	17,326.	80,834.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(80,834.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	13,544.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization TRINITY HEALTH SYSTEM GROUP

Employer identification number 30-0752920

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance 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	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,860,000.		3,860,000.	2.14%
b Medicaid (from Worksheet 3, column a)			22,514,891.	14,411,066.	8,103,825.	4.49%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			26,374,891.	14,411,066.	11,963,825.	6.63%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			509,421.	42,945.	466,476.	.26%
f Health professions education (from Worksheet 5)			730,359.		730,359.	.40%
g Subsidized health services (from Worksheet 6)			5,348,857.	3,507,826.	1,841,031.	1.02%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			37,014.		37,014.	.02%
j **Total.** Other Benefits			6,625,651.	3,550,771.	3,074,880.	1.70%
k **Total.** Add lines 7d and 7j			33,000,542.	17,961,837.	15,038,705.	8.33%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	1	110	279.		279.	.00%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total	1	110	279.		279.	

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense	2 5,454,005.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5 49,506,252.			
6	Enter Medicare allowable costs of care relating to payments on line 5	6 50,550,308.			
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -1,044,056.			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?		9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	X	

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

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)
1 TRINITY MEDICAL CENTER WEST 4000 JOHNSON ROAD STEUBENVILLE, OH 43952	X	X					X		
6 TRINITY MEDICAL CENTER EAST 380 SUMMIT AVENUE STEUBENVILLE, OH 43952	X	X							

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of Hospital Facility: TRINITY MEDICAL CENTER WEST

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	9	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* TRINITY MEDICAL CENTER WEST

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 200 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[ ] Asset level			
c	[X] Medical indigency			
d	[ ] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP.			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[X] Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[X] Notified patients of the financial assistance policy on admission			
b	[X] Notified patients of the financial assistance policy prior to discharge			
c	[X] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* TRINITY MEDICAL CENTER WEST

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☒ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20		X
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		X

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of Hospital Facility: TRINITY MEDICAL CENTER EAST

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	9	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* TRINITY MEDICAL CENTER EAST

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 200 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[ ] Asset level			
c	[X] Medical indigency			
d	[ ] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[X] Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[X] Notified patients of the financial assistance policy on admission			
b	[X] Notified patients of the financial assistance policy prior to discharge			
c	[X] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* TRINITY MEDICAL CENTER EAST

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
	If "Yes," explain in Part VI.		

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

PART I, LN 7 COL(F): THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WILL LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE. EXPLANATION FOR LINE 2 AND 3 OR RATIONAL FOR INCLUDING OTHER BAD DEBT AMOUNT IN COMMUNITY BENEFIT: [THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE, CANDIDATES MUST COOPERATE FULLY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY. THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.]

PART II: TRINITY'S HEART CENTER MEANS NO MORE WASTED TIME IN

Part VI Supplemental Information

TRAVEL TO PITTSBURGH HOSPITALS - WHEN TIME IS A KEY FACTOR FOR HEART RELATED PROBLEMS. MINUTES ARE CRUCIAL TO THE SURVIVAL OF PEOPLE WITH THE SUDDEN ONSET OF SERIOUS CARDIAC PROBLEMS. NOW SUPERIOR HEART CARE WILL BE A LOT CLOSER TO WHERE YOU LIVE AND WORK.

TRINITY'S HEART CENTER OFFERS ALL AREAS OF HEART CARE INCLUDING:

OPEN HEART SURGERY

ANGIOPLASTY

NUCLEAR CARDIOLOGY

ULTRASOUND

EKG

ELECTROPHYSIOLOGY PROCEDURES

CARDIAC REHABILITATION

STRESS TESTING

EDUCATIONAL PROGRAMS

TRINITY HEALTH SYSTEM ONCE AGAIN SPONSORED HEARTLAND. DESIGNED AS THE "LARGEST HEART RISK APPRAISAL UNDER ONE ROOF," THE EVENT MARKS ITS FIFTEENTH YEAR. TRINITY HEALTH SYSTEM IS OFFERING THIS PROGRAM TO HELP COMMUNITY MEMBERS IMPROVE THEIR HEALTH THROUGH SCREENINGS AND INFORMATION. THE EVENT INCLUDES THE COMMUNITY BLOOD ANALYSIS WHICH TESTS PARTICIPANTS BLOOD FOR OVER 30 DIFFERENT SCREENS. OUR SCREENING HAS BEEN WELL ATTENDED FOR FOURTEEN YEARS AND WE ALWAYS EXPECT A LARGE CROWD. SEVERAL TRINITY HEALTH SYSTEM SERVICE PERSONNEL WILL BE ON HAND TO DISCUSS THEIR SERVICES AND PROVIDE SCREENINGS IN CONJUNCTION WITH THE SCREENINGS. COST OF THE BLOOD SCREENING IS $30.00. OVER 21,500 AREA RESIDENTS HAVE PARTICIPATED IN THE EVENT OVER THE YEARS.

TRINITY HEALTH SYSTEM OFFERS A WIDE VARIETY OF HEALTH EDUCATION AND

Part VI Supplemental Information

ASSISTANCE PROGRAMS THAT ARE AVAILABLE TO THE COMMUNITY. MANY OF THESE SERVICES ARE EITHER FREE OR ARE AVAILABLE FOR A NOMINAL FEE.

COMMUNITY SERVICE REFERRAL IS A FREE SERVICE PROVIDED TO THE COMMUNITY. WE CAN PROVIDE INFORMATION AND REFERRALS TO NUMEROUS AREA AGENCIES WHICH PROVIDE SUCH PROGRAMS AS SELF-HELP GROUPS, SOCIAL SERVICES (EMERGENCY FOOD/SHELTER, ETC), TRANSPORTATION, MEDICAL SUPPLY COMPANIES, AND NATIONAL MEDICAL HOTLINES. THE AGENCIES DO NOT HAVE TO PAY A FEE TO BE LISTED WITH REFERRAL SERVICES.

TRINITY HEALTH SYSTEM'S CARDIAC REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED. THESE CHANGES ARE ACHIEVED THROUGH SAFE, PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF RISK FACTORS ASSOCIATED WITH HEART DISEASE. THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT. BY PARTICIPATING IN OUR CARDIAC REHABILITATION PROGRAM, PATIENTS CAN LEARN HOW TO ACHIEVE AND MAINTAIN THE HEALTHIEST LIFESTYLE POSSIBLE. OUR SPECIALLY TRAINED STAFF WORKS WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS. AS AN INTEGRAL PART OF THE OVERALL PROGRAM, EDUCATION INCREASES A PATIENT'S UNDERSTANDING OF THEIR ILLNESS AND HELPS THEM TO IDENTIFY CURRENT HABITS THAT CAN NEGATIVELY AFFECT THEIR CARDIAC CONDITION. WE COVER ISSUES LIKE RISK FACTOR REDUCTION, ANGINA, HEART ATTACK, MEDICATION, DIETARY AND EXERCISE GUIDELINES, SMOKING, BREATHING AND RELAXATION METHODS. REGULAR EXERCISE INCREASES STRENGTH AND IMPROVES MUSCLE TONE. IT CAN ALSO DECREASE A PATIENT'S RESTING HEART RATE AND BLOOD PRESSURE, ASSIST IN WEIGHT CONTROL, DECREASE STRESS, AND ENHANCE THEIR ABILITY TO PERFORM DAILY ACTIVITIES. SUPPORT WILL HELP PATIENTS AND THEIR FAMILIES

Part VI Supplemental Information

REALIZE THEY ARE NOT ALONE AND TO DEVELOP RELATIONSHIPS WITH OTHER CLIENTS AND STAFF.

THE DIABETES OUTPATIENT EDUCATION PROGRAM AT TRINITY HEALTH SYSTEM IS SPECIFICALLY DESIGNED TO AIDE THE PATIENT WITH DIABETES TO MAKE RESPONSIBLE DECISIONS IN THE CARE OF THEIR DISEASE. THE PROGRAM IS OFFERED IN SEVEN SESSIONS. CONTENT INCLUDES:

DISEASE PROCESS

ACUTE COMPLICATIONS/SICK DAYS, TRAVELING

NUTRITIONAL SESSIONS, BY A CERTIFIED DIETICIAN

EXERCISE, MONITORING

MEDICATIONS

GENERAL HEALTH CARE, CHRONIC COMPLICATIONS

TRINITY HEALTH SYSTEM'S CHILDBIRTH PREPARATION CLASSES CAN HELP PREPARE MOTHERS AND FAMILIES FOR THE NEW CHALLENGES THAT COME WITH THE BIRTH OF A CHILD. OUR PROFESSIONAL STAFF OF NURSES CAN HELP PARENTS, GRANDPARENTS AND SIBLINGS PREPARE FOR AN UPCOMING BIRTH EVENT, AND CAN OFFER INSIGHTFUL ADVICE AND INFORMATION ON HOW TO CARE FOR A NEWBORN.OUR PROGRAM GUIDES AND SUPPORTS PARENTS DURING PREGNANCY, LABOR, DELIVERY, AND PARENTHOOD. WE'LL DISCUSS ISSUES RELATING TO UPCOMING LABOR, DELIVERY, ANESTHESIA, PRENATAL TESTING, INFANT CARE, SAFETY. THIS COURSE INCLUDES PREPARING PARENTS FOR LABOR AND BIRTH THROUGH THE USE OF RELAXATION AND BREATHING TECHNIQUES. PARENTS WILL ALSO BE GIVEN A TOUR OF AND ORIENTATION TO TRINITY'S FAMILY BIRTH CENTER.

TRINITY HEALTH SYSTEM'S PULMONARY REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED. THESE CHANGES ARE ACHIEVED

Part VI Supplemental Information

THROUGH SAFE, PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF CHRONIC OBSTRUCTED PULMONARY DISEASE. THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT. AGE IS NOT A FACTOR. BY PARTICIPATING IN OUR PULMONARY REHABILITATION PROGRAM, PATIENTS CAN LEARN HOW TO ACHIEVE AND MAINTAIN THE HEALTHIEST LIFESTYLE POSSIBLE. OUR SPECIALLY TRAINED STAFF WORKS WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS.THE GOALS OF TRINITY HEALTH SYSTEM'S PULMONARY REHABILITATION PROGRAM ARE:

INCREASED UNDERSTANDING OF LUNG DISEASE

INCREASED MUSCULAR FITNESS

INCREASED ENDURANCE

IMPROVED SENSE OF WELL-BEING

DECREASED SHORTNESS OF BREATH WITH ACTIVITY

GRANDCARE AT TRINITY MEDICAL CENTER WEST IS THE NEXT BEST THING TO GRANDMA'S ARMS WHEN A CHILD IS SICK. WORK SCHEDULES OR PLANS CAN BE DISRUPTED AND USUALLY CANCELLED DUE TO A LACK OF QUALIFIED CHILD CARE PROGRAMS FOR SICK CHILDREN. CHILDREN FROM SIX WEEKS TO SIXTEEN YEARS OF AGE ARE WELCOME AND THE SERVICE IS AVAILABLE 24 HOURS A DAY AND SEVEN DAYS A WEEK. ONLY CHILDREN SUFFERING FROM CHICKEN POX, OR PHYSICALLY AND EMOTIONALLY HANDICAPPED ARE EXCLUDED. ALL SERVICES SUCH AS ISOLATION ANDPRESCRIBED THERAPIES ARE AVAILABLE. MEMBERS OF THE PEDIATRIC DEPARTMENT NURSING STAFF ARE IN CHARGE OF CARE. MEALS AND SNACKS ARE INCLUDED.

THE SPEAKERS' BUREAU WILL ADDRESS COMMUNITY ORGANIZATIONS, SCHOOLS, CHURCHES, AND BUSINESSES

Part VI Supplemental Information

TOPICS:

ACLS

ERGONOMICS

ORTHOPEDIC

ADVANCE DIRECTIVES

EXERCISE

DISORDERS/DISEASES

AIDS/HIV

FOOT/ANKLE DISORDERS

OSTEOARTHRITIS

AQUATICS

GASTROENTEROLOGY DISEASES

OSTEOPOROSIS

BIRTH CONTROL

HEALTH CARE REFORM

PHYSICAL THERAPY

BODY RECALL

HEART DISEASE

PROSTATE DISEASE

CANCER

HEARTLAND

SEIZURES

CARDIAC REHABILITATION

HOME HEALTH

SENIORS BENEFITS

CHILD DEVELOPMENT

IMPOTENCE

Part VI Supplemental Information

SEXUALLY TRANSMITTED DIESEASES

CHILDBIRTH

INCONTINENCE

CHILDHOOD IMMUNIZATIONS

INFECTIOUS DISEASES

SKIN DISORDERS

CPR/FIRST AID

MEDICATIONS/DRUG THERAPY

PART III, LINE 4: PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON SPECIFIC ACCOUNTS, HISTORICAL WRITE OFF EXPERIENCE, AND CURRECT MARKET CONDITIONS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, TRINITY ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS. FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, TRINITY RECORDS A PROVISION FOR BAD DEBTS ON THE BASIS OF ITS EXPERIENCE. THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE ANOUNT ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGES OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8: THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT. JEFFERSON COUNTY, WHERE TRINITY HEALTH SYSTEM IS LOCATED, HAS ONE OF THE HIGHEST PROPORTION OF ELDERLY IN THE STATE OF OHIO. AS A RESULT, THE USE OF HEALTH CARE SERVICE, AND ALSO MEDICARE, IS

Part VI Supplemental Information

HIGHER THAN THE STATE AVERAGE. TRINITY ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND OUR 2011 CHARITY CARE APPROXIMATED $10,056,074. IN PROVIDING THIS CHARITY CARE TO THOSE PATIENTS WHERE NO PAYMENT IS EXPECTED, THIS IS SEEN AS A COMMUNITY BENEFIT.

PART III, LINE 9B: THE HEALTH SYSTEM IS COMMITTED TO SERVE EVERYONE AND ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HEALTH SYSTEM.

ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S ABILITY TO PAY, THE HEALTH SYSTEM UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS ESTABLISHED BY THE FEDERAL GOVERNMENT, BUT ALSO INCLUDDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO PATIENT INCOME AND RESOURCES. THE HEALTH SYSTEM'S POLICY PROVIDES CHARITY CARE TO PATIENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL. THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE HOSPITAL RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. IN 2011, CHARITY CARE APPROXIMATED $10,056,074. TO EDUCATE AND INFORM OUR PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER OUR CHARITY CARE POLICY, SELF-PAY INPATIENTS ARE INTERVIEWED BY THE ORGANIZATION'S FINANCIAL COUNSELORS. AT THIS TIME, THE CHARITY IS DISCUSSED AND EXPLAINED TO THE PATIENT AND THEY MAY REQUEST A CHARITY APPLICATION TO COMPLETE. IF A PATIENT HAPPENS TO BE DISCHARGED WITHOUT BEING INTERVIEWED, THE FIRST PATIENT BILLING STATEMENT ALSO STATES THE CHARITY

Part VI Supplemental Information

GUIDELINES AND THEY ARE GIVEN THE OPPORTUNITY TO CONTACT US FOR AN APPLICATION. FOR OUTPATIENT ACCOUNTS, ANY BALANCE BILLING AFTER INSURANCE ALSO EXPLAINS THE CHARITY GUIDELINES TO PATIENTS.

TRINITY MEDICAL CENTER WEST:

PART V, SECTION B, LINE 16E: AS PART OF ITS FINANCIAL ASSISTANCE POLICY, TRINITY MEDICAL CENTER WEST (THE HOSPITAL) MAKES A CONCERTED EFFORT TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO PROCEEDING WITH COLLECTION ACTIVITIES BY THE HOSPITAL OR BY ENGAGING A THIRD PARTY. THESE EFFORTS INCLUDE NOTIFYING THE INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY (FAP) ON ADMISSION, INCLUDING INFORMATION ABOUT THE FAP IN COMMUNICATIONS ABOUT THE INDIVIDUAL'S BILLS AND DOCUMENTING THE HOSPITAL'S DETERMINATION OF AN INDIVIDUAL'S ELIGIBILITY TO RECEIVE ASSISTANCE UNDER THE FAP. IF THE RESULT OF THESE EFFORTS IS UNSUCCESSFUL, THE HOSPITAL WILL PROCEED WITH COLLECTIONS ACTIVITY. THESE ACTIVITIES INCLUDE REPORTING THE INDIVIDUAL TO THE APPROPRIATE CREDIT AGENCY, LEGAL ACTIONS OR LIENS AS DEEMED NECESSARY. IF IT IS DETERMINED THAT AN INDIVIDUAL IS ELIGIBLE UNDER THE FAP SUBSEQUENT TO COLLECTION ACTIVITY BEGINNING, ALL COLLECTION ACTIVITY WILL CEASE.

TRINITY MEDICAL CENTER EAST:

PART V, SECTION B, LINE 16E: AS PART OF ITS FINANCIAL ASSISTANCE POLICY, TRINITY MEDICAL CENTER EAST (THE HOSPITAL) MAKES A CONCERTED EFFORT TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO PROCEEDING WITH COLLECTION ACTIVITIES BY THE HOSPITAL OR BY ENGAGING A THIRD PARTY. THESE EFFORTS INCLUDE NOTIFYING THE INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY (FAP) ON ADMISSION, INCLUDING INFORMATION ABOUT THE FAP IN COMMUNICATIONS ABOUT THE INDIVIDUAL'S BILLS AND

Part VI Supplemental Information

DOCUMENTING THE HOSPITAL'S DETERMINATION OF AN INDIVIDUAL'S ELIGIBILITY TO RECEIVE ASSISTANCE UNDER THE FAP. IF THE RESULT OF THESE EFFORTS IS UNSUCCESSFUL, THE HOSPITAL WILL PROCEED WITH COLLECTIONS ACTIVITY. THESE ACTIVITIES INCLUDE REPORTING THE INDIVIDUAL TO THE APPROPRIATE CREDIT AGENCY, LEGAL ACTIONS OR LIENS AS DEEMED NECESSARY. IF IT IS DETERMINED THAT AN INDIVIDUAL IS ELIGIBLE UNDER THE FAP SUBSEQUENT TO COLLECTION ACTIVITY BEGINNING, ALL COLLECTION ACTIVITY WILL CEASE.

TRINITY MEDICAL CENTER WEST:

PART V, SECTION B, LINE 19D: HOSPITAL WAS USING BILLED CHARGES BUT ADOPTED A DISCOUNT THAT APPROXIMATED THAN LOWER HALF OF ALL PPO DISCOUNTS.

TRINITY MEDICAL CENTER EAST:

PART V, SECTION B, LINE 19D: ALL PATIENTS ARE BILLED AT GROSS CHARGES AND THEN THE APPLICABLE DISCOUNTS ARE APPLIED BASED ON FINANCIAL NEEDS OR CONTRACTUAL OBLIGATION.

TRINITY MEDICAL CENTER WEST:

PART V, SECTION B, LINE 20: ALL PATIENTS ARE BILLED AT GROSS CHARGES AND THEN THE APPLICABLE DISCOUNTS ARE APPLIED BASED ON FINANCIAL NEEDS OR CONTRACTUAL OBLIGATION.

PART VI, LINE 2: TRINITY HEALTH SYSTEM, WHICH CONSISTS OF TWO HOSPITALS - TRINITY EAST AND TRINITY WEST, IS A 500 BED HEALTH SYSTEM LOCATED IN STEUBENVILLE, OHIO. TRINITY HEALTH SYSTEM IS AN EXTENSION OF

Part VI Supplemental Information

THE MISSIONS AND PROUD HERITAGES OF ITS CO-SPONSORS, TRI STATE HEALTH SERVICES (REFLECTING THE PERSPECTIVES OF THE LOCAL COMMUNITY) AND SYLVANIA FRANCISCAN HEALTH (REPRESENTING THE PERSPECTIVES OF THE HEALTH CARE MINISTRY OF THE SISTERS OF ST. FRANCIS OF SYLVANIA, OHIO). AS A NON-PROFIT, CHARITABLE HEALTH CARE DELIVERY SYSTEM, TRINITY HEALTH SYSTEM IS DEDICATED TO PRESERVING THE SECULAR COMMUNITY TRADITIONS AND THE CATHOLIC TRADITIONS OF IT CO-SPONSORS IN THE DELIVERY OF HEALTH CARE IN THE GREATER STEUBENVILLE, OHIO REGION.

THE SISTERS OF ST. FRANCIS OF SYLVANIA, OHIO SPONSOR THEIR HEALTH AND HUMAN SERVICES MINISTRY THROUGH SYLVANIA FRANCISCAN HEALTH. THE ORGANIZATION, LOCATED IN OHIO, TEXAS AND KENTUCKY INCLUDE SIX HOSPITALS, EIGHT LONG-TERM CARE FACILITIES, FOUR ASSISTED LIVING FACILITIES, INDEPENDENT SENIOR HOUSING, A COUNSELING CENTER AND A LONG-TERM DOMESTIC SHELTER.

TRINITY HEALTH SYSTEM IS ORGANIZED TO PROMOTE THE HEALTH OF THE COMMUNITY. OUR MISSION IS TO BE A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA.
WE PURSUE THAT MISSION THROUGH TWO RESPECTED HOSPITALS, AS WELL AS IN OUTPATIENT FACILITIES, PHYSICIANS' OFFICES, COMMUNITY OUTREACH SITES AND HOMES THROUGHOUT THE TRI-STATE AREA.

OUR MISSION IS THE PURPOSE OF THE ORGANIZATION. WE ARE ORGANIZED TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS. WE EXECUTE OUR MISSION UNDER THE AUTHORITY OF OUR BOARD. MEMBERS INCLUDE COMMUNITY REPRESENTATIVES WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.

Part VI Supplemental Information

THE BOARD'S MISSION ALSO INCLUDES PROCESSES FOR DETERMINING AND RESPONDING TO HEALTH NEEDS.

SERVING MORE THAN 197,000 PATIENTS IN 2011, TRINITY IS A LEADING HEALTHCARE SYSTEM IN THE VALLEY. OUR 1,800 EMPLOYEES AND PHYSICIANS UTILIZE STATE-OF-THE-ART FACILITIES, ADVANCED TECHNOLOGIES AND THE LATEST PROCEDURES TO ACCOMPLISH OUR MISSION AND TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

IN CONJUNCTION WITH TRI-STATE HEALTH SERVICES, ONE OF OUR SPONSORS, WE PROVIDE A MOBILE MEDICAL VAN THAT GOES TO VARIOUS PLACES IN OUR COMMUNITY TO EDUCATE THE POPULATION ABOUT DIFFERENT TOPICS AND PROVIDE HEALTHCARE FOR THE POOR AND OTHER DISADVANTAGED RESIDENTS. AT EACH SITE THE VAN VISITS, THE FOLLOWING TESTS ARE AVAILABLE: FREE BREATHING TEST, FREE BLOOD PRESSURE, FREE BLOOD TEST FOR AAT DEFICIENCY (DETERMINES THOSE AT RISK OF DEVELOPING THOSE AT RISK OF DEVELOPING COPD).

THE HEALTH SYSTEM'S PRIMARY SERVICE AREA ENCOMPASSES A THREE COUNTY AREA IN OHIO AND WEST VIRGINIA. THE COUNTIES ARE JEFFERSON COUNTY, OHIO AND BROOKE AND HANCOCK COUNTIES, WV. RESIDENTS FROM THESE 3 COUNTIES PROVIDE FOR OVER 11,000 ADMISSIONS TO THE SYSTEM AND ACCOUNT FOR 85% OF THE HOSPITAL'S ADMISSIONS. JEFFERSON COUNTY IS LOCATED ON THE OHIO AND WEST VIRGINIA BORDERS ALONG THE OHIO RIVER, APPROXIMATELY 40 MILES WEST OF PITTSBURGH, PA. JEFFERSON COUNTY HAS EXPERIENCED A DECLINING POPULATION OVER THE PAST 20 YEARS AND HAS THE HIGHEST PROPORTION OF ELDERLY IN THAT STATE OF OHIO. AS A RESULT, THE USE OF HEALTH CARE SERVICES IS HIGHER THAN THE STATE AVERAGE.

Part VI Supplemental Information

WE ARE ALSO DEDICATED TO MEDICAL EDUCATION, SPONSORING A 2 YEAR NURSING DEGREE PROGRAM.

THE PURPOSE OF THE TRINITY HEALTH SYSTEM SCHOOL OF NURSING IS TO PREPARE A BEGINNING PROFESSIONAL NURSE. THE PROGRAM ASSISTS INDIVIDUALS TO ACHIEVE CURRICULUM OUTCOMES AND DEMONSTRATE PROFESSIONAL COMPETENCIES NECESSARY TO PRACTICE IN A VARIETY OF HEALTH CARE SETTINGS AND INCORPORATES THE CORE VALUES OF TRINITY HEALTH SYSTEM.

THE PHILOSOPHY OF THE TRINITY HEALTH SYSTEM SCHOOL OF NURSING IS REFLECTIVE OF FACULTY BELIEFS AND IS IN ACCORD WITH THE MISSION OF THE TRINITY HEALTH SYSTEM. THE SCHOOL OF NURSING FULFILLS ITS RESPONSIBILITY TO SOCIETY BY PREPARING A PROFESSIONAL NURSE WHO PRACTICES SAFELY AND ETHICALLY WITHIN THE HOSPITAL OR OTHER HEALTHCARE SETTINGS.

THE TRINITY HEALTH SYSTEM SCHOOL OF NURSING IS A 24-MONTH DIPLOMA PROGRAM, IS ACCREDITED BY THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION, (INITIAL PROGRAM ACCREDITATION JUNE, 1965) AND IS APPROVED BY THE OHIO BOARD OF NURSING. THE SCHOOL OF NURSING IS CERTIFIED BY THE OHIO BOARD OF REGENTS, AN AFFILIATE OF THE HELENE FULD HEALTH TRUST, AND IS APPROVED BY THE OHIO DEPARTMENT OF EDUCATION FOR VETERANS' ADMINISTRATION BENEFITS.

THE SCHOOL IS AFFILIATED WITH TWO MODERN PROGRESSIVE MEDICAL FACILITIES; TRINITY MEDICAL CENTER EAST AND TRINITY MEDICAL CENTER WEST, THAT PROVIDE STUDENT CLINICAL LEARNING EXPERIENCES IN BOTH OUT-PATIENT AND IN-PATIENT ACUTE/MEDICAL SURGICAL CARE, EXTENDED-CARE, REHABILITATIVE CARE, AND HEALTH CLINIC SETTINGS.ØRINITY MEDICAL CENTER EAST/WEST ARE ACCREDITED BY

Part VI Supplemental Information

THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATIONS AND HOLD INSTITUTIONAL MEMBERSHIP IN THE OHIO HOSPITAL ASSOCIATION AND THE VOLUNTARY HOSPITAL ASSOCIATION OF AMERICA.

EASTERN GATEWAY COMMUNITY COLLEGE (EGCC) IS AN ACCREDITED EDUCATIONAL INSTITUTION. THE COLLEGE WAS CHARTERED FOR OPERATION IN 1966 AS A PUBLIC COLLEGE BY THE OHIO BOARD OF REGENTS. STUDENTS RECEIVE FULL CREDIT FOR COLLEGE COURSES THROUGH THIS AFFILIATION. CLASSES ARE TAUGHT BY EGCC FACULTY AT THE SCHOOL OF NURSING CAMPUS.

PART VI, LINE 3: THE HEALTH SYSTEM IS COMMITTED TO SERVE EVERYONE REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HEALTH SYSTEM. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S ABILITY TO PAY, THE HEALTH SYSTEM UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS ESTABLISHED BY THE FEDERAL GOVERNMENT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO PATIENT INCOME AND RESOURCES. THE HEALTH SYSTEM'S POLICY PROVIDES CHARITY CARE TO PATIENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL. THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE HOSPITAL RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. IN 2011, CHARITY CARE APPROXIMATED $4,160,000.

Part VI Supplemental Information

TO EDUCATE AND INFORM OUR PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER OUR CHARITY CARE POLICY, SELF-PAY INPATIENTS ARE INTERVIEWED BY THE ORGANIZATION'S FINANCIAL COUNSELORS. AT THIS TIME, THE CHARITY IS DISCUSSED AND EXPLAINED TO THE PATIENT AND THEY MAY REQUEST A CHARITY APPLICATION TO COMPLETE. IF A PATIENT HAPPENS TO BE DISCHARGED WITHOUT BEING INTERVIEWED, THE FIRST PATIENT BILLING STATEMENT ALSO STATES THE CHARITY GUIDELINES AND THEY ARE GIVEN THE OPPORTUNITY TO CONTACT US FOR CHARITY APPLICATIONS. FOR OUTPATIENT ACCOUNTS, ANY BALANCE BILLING AFTER INSURANCE ALSO EXPLAINS THE CHARITY GUIDELINES TO PATIENTS.

PART VI, LINE 4: THE HEALTH SYSTEM CONSIDERS JEFFERSON COUNTY, OHIO AND BROOKE AND HANCOCK, WEST VIRGINIA, TO BE ITS PRIMARY SERVICE AREA, WITH THE MAJORITY OF BUSINESS COMING FROM JEFFERSON COUNTY RESIDENTS (JEFFERSON COUNTY ACCOUNTS FOR 66% OF INPATIENT BUSINESS). THE POPULATION OF JEFFERSON COUNTY HAS DECLINED OVER THE PAST 20 YEARS AND IS PROJECTED TO CONTINUE TO DECLINE IN ALL AGE COHORTS, RECORDING A 3.5% DECLINE FOR THE PERIOD OF 2000-2006 THE MOST RECENT PUBLICLY REPORTED CENSUS DATA). THE UNEMPLOYMENT RATE OF THE SERVICE AREA IS WELL ABOVE BOTH STATE AND NATIONAL AVERAGES, WITH THE MOST RECENT DATA REPORTED FOR THE FIRST QUARTER OF 2009 FOR JEFFERSON COUNTY TO BE 10.5%. BROOKE AND HANCOCK COUNTIES REPORT SIMILAR UNEMPLOYMENT RATES FOR THE FIRST QUARTER AT 9.9% AND 10.4%, RESPECTIVELY. A KEY CHALLENGE FOR THE HEALTH SYSTEM IS OPERATING WITHIN AN AREA THAT IS EXPERIENCING SIGNIFICANT POPULATION DECLINES AND A DETERIORATING ECONOMIC CLIMATE. THE HEALTH SYSTEM EXPERIENCES SIGNIFICANT OUT-MIGRATION, BOTH DIRECTED BY THE HOSPITAL AS WELL AS BY PATIENT/PHYSICIAN PREFERENCE. UNTIL 2006, OUT MIGRATION HAD

Part VI Supplemental Information

BEEN ON A RISE FOR PRIMARY SERVICE AREA RESIDENTS WHO UTILIZE PENNSYLVANIA AND OHIO HOSPITALS. HOWEVER, BEGINNING IN 2007, OUT MIGRATION FROM TRINITY'S PRIMARY SERVICE AREA TO OTHER HOSPITALS IN OHIO, PENNSYLVANIA AND WEST VIRGINIA HAS DECLINED. IN 2007,(MOST RECENT PUBLIC DATA AVAILABLE), WE HAVE SEEN REDUCTIONS IN OUT MIGRATION FROM OUR PRIMARY SERVICE AREA TO PENNSYLVANIA, OHIO AND WEST VIRGINIA HOSPITALS OF (10.1%), (4.8%) AND (2.5%) RESPECTIVELY. WE HAVE ALSO REALIZED AN INCREASE IN MARKET SHARE IN JEFFERSON COUNTY FROM 2006 LEVEL OF 65.68% TO 2007 LEVEL OF 66.27%. WE HAVE SEEN SIMILAR INCREASES IN BROOKE AND HANCOCK COUNTIES AS WELL WITH THE MARKET SHARE INCREASING FROM 2006 LEVEL OF 20.99% TO 2007 LEVEL OF 21.46%. OVERALL, THE DATA DOCUMENTS THAT WE MET OUR PLANNING GOAL OF IMPROVING THE MARKET SHARE BY 1 PERCENTAGE POINT A YEAR.

OVERALL, THE SERVICE AREA OF THE SYSTEM HAS A LOWER AVERAGE HOUSEHOLD INCOME THAN THE STATE OF OHIO AND A HIGHER UNEMPLOYMENT RATE. JEFFERSON COUNTY IS ECONOMICALLY DEPRESSED WITH A PER-CAPITA INCOME LOWER THAN STATE AVERAGES. ALL 3 COUNTIES IN THE SYSTEM'S IMMEDIATE SERVICE AREA HAVE A HIGH PROPORTION OF THE POPULATION AT OR BELOW THE POVERTY LEVEL. THE ECONOMIC CONDITIONS OF THE AREA HAVE HINDERED THE GROWTH OF THE HOSPITAL AND MORE SELF-PAY PATIENTS HAVE TAKEN ADVANTAGE OF THE HOSPITAL'S SERVICES. CHARITY CARE AND BAD DEBT ACCOUNTS HAVE INCREASED EACH YEAR FOR THE LAST FEW YEARS. AS RECENTLY UNEMPLOYED RESIDENTS LOSE THEIR HEALTH BENEFITS, WE EXPECT HIGHER CHARITY CARE LEVELS.

THE PAYER MIX AT THS IS HEAVILY WEIGHTED TO THE GOVERNMENTAL PAYERS, WITH 56% OF THE 2011 YTD REVENUE GENERATED FROM MEDICARE AND 14% GENERATED FROM THE MEDICAID PROGRAM - AND INCREASE OF 2% OVER THE SAME PERIOD IN 2010.

Part VI Supplemental Information

WITH THE 2 PROGRAMS RECORDING SIGNIFICANT SHORTFALLS BETWEEN PAYMENT TO HOSPITALS AND HOSPITAL COSTS, THE ECONOMIC CHALLENGES FOR THS ARE GREAT.

SCHEDULE H PART VI

THE EMERGENCY SERVICES OF TRINITY HEALTH SYSTEM ARE AVAILABLE AT TRINITY MEDICAL CENTER WEST. EMERGENCY SERVICES ARE OPEN TO ALL, REGARDLESS OF ABILITY TO PAY. IN 2011, WE HAD OVER 47,000 ER VISITS. THE TRINITY MEDICAL CENTER WEST EMERGENCY DEPARTMENT HAS BEEN REMODELED AND EXPANDED TO ACCOMMODATE PATIENTS REQUIRING TREATMENT. THE EMERGENCY DEPARTMENT HAS DOUBLED IN SIZE AND TWICE AS MANY TREATMENT BEDS ARE NOW AVAILABLE. A DEDICATED X-RAY ROOM HAS BEEN CONSTRUCTED ADJACENT TO THE EMERGENCY DEPARTMENT. PHYSICIAN, PROFESSIONAL AND SUPPORT STAFF HAVE BEEN ADDED TO PROVIDE CARE FOR PATIENTS 24 HOURS / 7 DAYS PER WEEK.

SPECIAL TREATMENT AREAS HAVE BEEN CONSTRUCTED FOR:

CARDIAC EMERGENCIES

TRAUMA

OBSTETRICAL EMERGENCIES

SUTURING (STITCHES)

PEDIATRIC EMERGENCIES

FRACTURES

TRINITY SERVICES ALL LEVELS OF EMERGENCY AND URGENT CARE INCLUDING:

CARDIAC EMERGENCIES

CHEST PAIN CENTER

ACUTE RESPIRATORY EMERGENCIES

FRACTURES

TRAUMA

Part VI Supplemental Information

SUTURING

AND MEDICAL EMERGENCIES INCLUDING, BUT NOT LIMITED TO:

ACUTE APPENDICITIS

ACUTE ABDOMINAL PAIN

CEREBRAL ANEURYSMS

PEDIATRIC EMERGENCIES

GALL BLADDER ATTACKS

UNEXPLAINED BLEEDING OR SEVERE PAIN

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated 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

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE MEDICAL EDUCATION ASSISTANCE	9	89,470.	0.		
PHYSICIAN MEDICAL EDUCATION ASSISTANCE	1	45,207.	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: OUR POLICIES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES IS FOLLOWING THE POLICIES AND PROCEDURES OF THE GRANTING ORGANIZATION IN REGARDS TO THE DISTRIBUTION AND REPORTING OF GRANTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

TRINITY HEALTH SYSTEM GROUP

Employer identification number

30-0752920

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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FRED BROWER	(i)	0.	0.	0.	51,418.	37,279.	88,697.	0.
	(ii)	317,459.	11,278.	40,176.	0.	0.	368,913.	0.
2 JAMES POPE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	656,723.	0.	0.	63,000.	35,074.	754,797.	0.
3 LIZ ALLEN	(i)	0.	0.	0.	17,167.	12,378.	29,545.	0.
	(ii)	234,620.	8,460.	129.	0.	0.	243,209.	0.
4 RAMANA MURTY, MD	(i)	604,995.	566,642.	0.	0.	0.	1,171,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KUMAR AMIN, MD	(i)	625,240.	412,525.	0.	0.	0.	1,037,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 NASROLLAH JAHDI, MD	(i)	463,678.	534,663.	0.	0.	0.	998,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HIMANSHU DESAI, MD	(i)	414,461.	406,003.	0.	0.	0.	820,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BASEL TERMANINI, MD	(i)	421,294.	383,420.	0.	0.	0.	804,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B: FRED BROWER-SUPPLEMENTAL RETIREMENT PLAN-$25,048

LEWIS MUSSO-SUPPLEMENTAL RETIREMENT PLAN-$16,748

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	CITY OF STEUBENVILLE, OHIO	34-6002729	860068BZ7	08/12/10	42,796,876.	REFINANCE 2007 BOND ISSUE		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	42,796,876.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	629,721.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	34,961,794.			
12	Other unspent proceeds				
13	Year of substantial completion	2010			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

TRINITY HEALTH SYSTEM GROUP

Employer identification number

30-0752920

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MICHAEL BARBER	BOARD MEMBER	154,550.	HE OWNS NAT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL BARBER

(D) DESCRIPTION OF TRANSACTION: HE OWNS NATIONAL COLLOID - A COMPANY WE PURCHASE MAINTENANCE SUPPLIES FROM

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CHEMOTHERAPY SERVICES AT THE TONY TERAMANA CANCER CENTER IS PROVIDED WITH COMPASSION, PRIVACY AND OPTIMUM RESULTS. IN 2011, THE CENTER SAW 1,917 PATIENTS AND PERFORMED 13,251 PROCEDURES. IN LINE WITH TRINITY HEALTH SYSTEM'S VALUES; SERVICE, REVERENCE AND STEWARDSHIP, THE TONY TERAMANA CANCER CENTER CAN MEET THE NEEDS OF CANCER PATIENTS THROUGH A HOLISTIC APPROACH WHICH INCLUDES COMPASSION, CONCERN, DIGNITY AND RESPECT. THIS SERVICE IS DUE LARGELY TO THE GENEROSITY OF THE TONY TERAMANA FAMILY, WHOSE $1 MILLION GIFT MADE THIS CENTER A WORLD-CLASS CANCER TREATMENT FACILITY.

TRINITY HEALTH SYSTEM'S CARDIAC REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED. THESE CHANGES ARE ACHIEVED THROUGH SAFE, PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF RISK FACTORS ASSOCIATED WITH HEART DISEASE. THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT. AGE IS NOT A FACTOR. BY PARTICIPATING LIFESTYLE POSSIBLE. OUR SPECIALY TRAINED STAFF WORKS WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS. THE GOALS OF THE CARDIAC REHAB PROGRAM ARE INCREASED UNDERSTANDING OF HEART DISEASE, INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, INCREASED MUSCULAR FITNESS, REDUCED CHOLESTEROL/TRIGLYCERIDE LEVELS, DECREASED BODY FAT, BETTER NUTRITION MANAGEMENT AND IMPROVED SENSE OF WELL-BEING. AN INTEGRAL PART OF THE OVERALL PROGRAM, EDUCATION INCREASES A PATIENT'S UNDERSTANDING OF THEIR ILLNESS AND HELPS THEM TO IDENTIFY

CURRENT HABITS THAT CAN NEGATIVELY AFFECT THEIR CARDIAC CONDITION. WE COVER ISSUES LIKE RISK FACTOR REDUCTION, ANGINA, HEART ATTACK, MEDICATION, DIETARY AND EXERCISE GUIDELINES, SMOKING, AND BREATHING AND RELAXATION METHODS. INDIVIDUALS ENROLLED IN THIS PHASE ARE REFERRED BY THEIR PHYSICIAN. AFTER AN ASSESSMENT OF CONDITION IS MADE, A PATIENT IS SCHEDULED FOR EXERCISE TRAINING WITH MONITORING. RISK FACTORS, DIET, AND LIFESTYLE CHANGES ARE ALSO DISCUSSED. CONVENIENT SESSIONS ARE SCHEDULED THREE TIMES PER WEEK AND LAST APPROXIMATELY ONE HOUR. ONCE THE OUTPATIENT PROGRAM IS CONCLUDED, PATIENTS MAY CONTINUE THIS PHASE IN ORDER TO INSURE THEIR QUALITY OF LIFE. THEIR ONGOING PARTICIPATION IN THE PROGRAM CAN OFFER THEM INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, AND INCREASED MUSCULAR FITNESS.

TRINITY WORKCARE IS THE OCCUPATIONAL HEALTH DEPARTMENT OF TRINITY HEALTH SYSTEM AND PROVIDES A COMPREHENSIVE OCCUPATIONAL HEALTH SERVICE TO THE BUSINESS COMMUNITY. OUR PROGRAM IS DESIGNED TO ASSIST THE CLIENT COMPANY DECREASE LOST WORK TIME, MEDICAL EXPENSES, INSURANCE PREMIUMS AND MAINTAIN COMPLIANCE WITH COMPANY AND GOVERNMENT REGULATIONS. WORKCARE SERVICES INCLUDE MEDICAL SURVEILLANCE, SUBSTANCE ABUSE TESTING, INJURY TREATMENT AND CASE MANAGEMENT, PHYSICAL THERAPY, WELLNESS PROMOTION AND EMPLOYEE ASSISTANCE PROGRAM. IN 2011, THERE WERE 9,776 VISITS TO WORKCARE.

OUTPATIENT OCCUPATIONAL THERAPY AT TRINITY IS PROVIDED BOTH AS AN EXTENSION OF SERVICES RECEIVED AS AN INPATIENT OR YOU CAN RECEIVE SERVICES AS A NEW PATIENT. WE ARE STAFFED TO PROVIDE EXPERTISE WITH ALL NEUROLOGICAL AND ORTHOPEDIC DISORDERS AND SPECIALIZE IN THE AREA OF

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

HAND DISORDERS. WE PROVIDE EXERCISE,MODALITIES (PARAFFIN, ULTRASOUND, IONTOPHORESIS, FLUIDOTHERAPY AND E-STIM), FUNCTIONAL ACTIVITIES, SPLINTING/BRACING AND ADL TRAINING.

PHYSICAL THERAPY ASSESSES YOUR MOVEMENT, STRENGTH AND ENDURANCE AND WILL HELP TO RESTORE QUALITY OF MUSCLE TONE, COORDINATION, BALANCE, STRENGTH, ENDURANCE, JOINT FLEXIBILITY AND FUNCTIONAL MOBILITY. OUR DEPARTMENT IS FULLY EQUIPPED TO ALLOW FOR PRIVATE TREATMENT. ADDITIONALLY A MODERN GYM IS UTILIZED FOR YOUR EXERCISE NEEDS. WE PROVIDE SPECIALIZED PROGRAMS IN EXERCISE, FUNCTIONAL ACTIVITIES AND MODALITIES.

OUR SPEECH PATHOLOGY DEPARTMENT IS EQUIPPED TO RENDER A BROAD SPECTRUM OF DIAGNOSTIC AND REHABILITATIVE SERVICES TO CHILDREN, ADOLESCENTS AND ADULTS WITH DISORDERS ASSOCIATED WITH DECREASED COGNITIVE SKILLS, APHASIA, APRAXIA, DYSARTHRIA, VOICE AND DELAYED SPEECH AND LANGUAGE. WE ALSO SPECIALIZE IN DIAGNOSTIC AND THERAPEUTIC INTERVENTIONS FOR PATIENTS WITH SWALLOWING DISORDERS.

TO SUPPORT SENIORS THROUGH TRYING TIMES, WE PROUDLY OFFER THE TRINITY SENIOR PROGRAM, A THERAPEUTIC PROGRAM DESIGNED TO MEET THE EMOTIONAL AND PSYCHOLOGICAL NEEDS OF OLDER ADULTS. WE SEE PATIENTS 55 YEARS OR OLDER THAT ARE EXPERIENCING EMOTIONAL DIFFICULTIES SUCH AS DEPRESSION, ANXIETY, GRIEF, ANGER AND OTHER EMOTIONAL ISSUES. THE SORT TERM OUTPATIENT PROGRAM INCLUDES SUPPORT GROUPS, OCCUPATIONAL AND RECREATIONAL GROUPS AND HEALTH/MEDICATION EDUCATION.

TRINITY HOME HEALTH IS SPECIAL HOME CARE FOR SPECIAL PEOPLE. THE

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

DISCIPLINES OFFERED ARE SKILLED NURSING CARE, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL SOCIAL SERVICES (OHIO) AND HOME HEALTH AIDES. IN 2011, THE HOME HEALTH DEPARTMENT DID OVER 25,000 HOME VISITS.

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

THE GOAL OF TRINITY SKILLED CARE CENTER IS TO PROVIDE SERVICES WHICH IN TURN ALLOW THE PATIENTS TO REGAIN INDEPENDENCE IN DAILY LIVING AND RETURN THEM TO THEIR HIGHEST LEVEL OF WELL BEING. THE TRINITY SKILLED CARE CENTER, A HOSPITAL-BASED SKILLED AND LONG TERM CARE NURSING FACILITY, IS FULLY CERTIFIED FOR 50 BEDS AND WAS DEVELOPED TO MEET THE NEEDS OF PATIENTS WHO REQUIRE ADDITIONAL SKILLED CARE BEYOND THE ACUTE PHASE OF ILLNESS OR INJURY. IN 2011, TRINITY SKILLED CARE CENTER HAD 590 ADMISSIONS AND 15,901 PATIENT DAYS. THE SKILLED CARE CENTER ALSO HAS AN ONGOING ACTIVITY PROGRAM. PATIENTS ARE ENCOURAGED TO PARTICIPATE IN THESE ENJOYABLE ACTIVITIES AS A GROUP OR INDIVIDUALLY. THE ATMOSPHERE IS INFORMAL AND RELAXING TO AID IN THE EMOTIONAL WELL BEING OF EACH PATIENT. DISCHARGE PLANNING BEGINS ON ADMISSION TO TRINITY SKILLED CARE CENTER. INDIVIDUALIZED GOALS ARE ESTABLISHED WITH THE PATIENT, THE PATIENT'S FAMILY AND A HIGHLY QUALIFIED TEAM OF PROFESSIONALS. THIS TEAM INCLUDES: THE ATTENDING PHYSICIAN, NURSE, SOCIAL SERVICES, DIETICIAN, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST AND SPEECH THERAPIST. THIS PROCESS ASSURES THE CONTINUITY OF CARE UPON DISCHARGE.

TRINITY'S REHABILITATION CENTER PROVIDES AN INTEGRATED AND INTERDISCIPLINARY TEAM APPROACH TO HELP PATIENTS WHO HAVE PHYSICAL

IMPAIRMENTS. PROGRAMS ARE AVAILABLE FOR PATIENTS WITH STROKES AND OTHER NEUROLOGICAL DISORDERS, ARTHRITIS, AMPUTATIONS, JOINT REPLACEMENTS AND OTHER ORTHOPEDIC PROBLEMS, BRAIN INJURY, AND SPINAL CORD INJURY. THE CENTER HAS 20 PRIVATE ROOMS, EACH SPECIALLY DESIGNED FOR REHABILITATION.

PATIENTS ALSO UTILIZE A HOME-LIKE APARTMENT TO REGAIN SKILLS SUCH AS COOKING, BATHING AND DRESSING. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH-LANGUAGE PATHOLOGY AREAS HAVE STATE-OF-THE-ART EQUIPMENT, AND THE THERAPISTS ARE HIGHLY TRAINED REHABILITATION SPECIALISTS. A VAN IS AVAILABLE FOR COMMUNITY OUTINGS AND HOME VISITS. THESE TRIPS PROVIDE OPPORTUNITIES FOR PATIENTS TO PRACTICE THEIR SKILLS IN THEIR COMMUNITY, HOME AND WORK PLACE WHEN APPROPRIATE. WITH A TEAM APPROACH TO TREATMENT, A PERSONALIZED REHABILITATION PROGRAM IS DESIGNED TO MEET THE UNIQUE NEEDS AND GOALS OF EACH PATIENT. THE TEAM CONSISTS OF THE PATIENT, HIS/HER FAMILY, PHYSICIANS, REHABILITATION NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, PSYCHOLOGISTS, SOCIAL WORKERS, THERAPEUTIC RECREATIONAL SPECIALISTS, DIETICIANS, RESPIRATORY THERAPISTS, CASE COORDINATORS AND VOCATIONAL COUNSELORS. THROUGH A POSITIVE, PERSONALIZED AND INTERDISCIPLINARY APPROACH, THE TEAM HELPS PATIENTS REGAIN PHYSICAL, EMOTIONAL, SOCIAL AND VERBAL SKILLS. IN 2011, THE REHAB CENTER HAD 271 ADMISSIIONS AND 3,504 PATIENT DAYS.

THE WOMEN'S HEALTH & BIRTH CENTER IS PROUD TO OFFER TOTAL MATERNITY CARE. OUR SPECIALLY QUALIFIED STAFF OF DEDICATED NURSES AND PHYSICIANS GUIDES YOU AND YOUR FAMILY THROUGH A COMPREHENSIVE EDUCATION PROGRAM AND THE CHILDBIRTH EXPERIENCE. AT THE WOMEN'S HEALTH & BIRTH CENTER YOU DELIVER YOUR BABY IN A SPECIALLY DESIGNED CHILDBEARING ROOM FOR YOUR

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

ENTIRE HOSPITAL STAY: ADMISSION PROCEDURES, LABOR, DELIVERY, RECOVERY. YOUR POST-PARTUM STAY IS IN A SPECIALLY DESIGNED ROOM THAT MAKES THE FAMILY EXPERIENCE ONE YOU WILL ALWAYS REMEMBER. OUR PRIVATE CHILDBEARING ROOMS ARE EQUIPPED FOR THE ENTIRE BIRTH EXPERIENCE. ALL FORMS OF PAIN RELIEF EXCEPT GENERAL ANESTHESIA MAY BE PROVIDED IN THIS ROOM. CESAREAN DELIVERIES ARE PERFORMED IN THE WOMEN'S HEALTH & BIRTH CENTER IN A MODERN, STATE OF THE ART SURGICAL SUITE, WITH LABOR AND POSTPARTUM CARE PROVIDED IN A WOMEN'S HEALTH & BIRTH CENTER SUITE. THE SURGICAL SUITE MAY ALSO BE USED BY THOSE WISHING A MORE TRADITIONAL BIRTH EXPERIENCE. FATHERS ARE ENCOURAGED TO STAY AT THE HOSPITAL; SLEEPING ACCOMMODATIONS ARE PROVIDED AT NO EXTRA CHARGE. AT THE WOMEN'S HEALTH & BIRTH CENTER, ROOMING-IN IS FLEXIBLE AND DESIGNED TO MEET YOUR INDIVIDUAL NEEDS. YOU AND YOUR FAMILY ARE PARTNERS WITH US IN THE CARE OF YOUR BABY. IF YOU WANT TO REST OR HAVE TIME ALONE, WE CAN CARE FOR YOUR BABY IN OUR WELL-EQUIPPED NURSERY NEAR YOUR ROOM. IN THE WOMEN'S HEALTH & BIRTH CENTER, A SPECIALLY TRAINED PERINATAL NURSE IS ASSIGNED TO EACH MOTHER AND BABY TO PROVIDE PERSONAL, INDIVIDUALIZED CARE. EXTRA TIME AND TEACHING ARE INTEGRAL PARTS OF THE ATTENTION WE GIVE ALL FAMILIES. AFTER DISCHARGE, WE KNOW THAT QUESTIONS OFTEN ARISE AND IT IS GOOD TO HAVE SOMEONE WITH WHOM YOU CAN TALK. BUT EVEN MORE, WE ARE INTERESTED IN YOU AND WE WANT TO PROVIDE AS MUCH CARE AND ASSISTANCE AS WE CAN DURING THIS SPECIAL TIME IN YOUR LIFE. ONCE HOME, A PERINATAL NURSE FROM THE WOMEN'S HEALTH & BIRTH CENTER IS AVAILABLE FOR CONSULTATION THROUGH TELEPHONE CALLS TO ALL PATIENTS. SIMPLY CALL AT ANYTIME OF THE DAY OR NIGHT IF YOU NEED ASSISTANCE OR INFORMATION. IN 2011, THE WOMEN'S HEALTH & BIRTH CENTER DELIVERED 552 BABIES.

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

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

OTHER HOSPITAL SERVICES

EXPENSES $ 11,913,333. INCLUDING GRANTS OF $ 0. REVENUE $ 7,928,004.

FORM 990, PART VI, SECTION A, LINE 6: TRINITY HEALTH SYSTEM HAS TWO CO-SPONSORING MEMBERS - TRI-STATE HEALTH SERVICES AND SYLVANIA FRANCISCAN HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A: ALL TRUSTEES ARE ELECTED BY MEMBERS. RECOMMENDATIONS FOR APPOINTMENT TO THE BOARD OF TRUSTEES ARE MADE BY THE TRINITY HEALTH SYSTEM BOARD OF TRUSTEES THROUGH ITS NOMINATING COMMITTEE. FINAL APPROVAL OF EACH NOMINEE BY THE CO-SPONSORING MEMBERS IS REQUIRED.

FORM 990, PART VI, SECTION A, LINE 7B: BOTH MEMBERS MUST APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A CONDITION BEFORE THEY BECOME EFFECTIVE: 1. MERGER, CONSOLIDATION OR SUBSTANTIAL SALE. 2. CREATION OF SUBSIDIARIES OR AFFILIATION WITH OTHER ENTITIES. 3. CONVEYANCING REAL PROPERTY OR CREATING LIENS THERON. 4. TRANSFER OF PERSONAL PROPERTY, INCURRING OR GUARANTEEING INDEBTEDNESS OR GRANTING LIENS IN EXCESS OF AN AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBERS. 5. APPROVAL OF CORPORATION OR SUBSIDIARY TRUSTEES AND DIRECTORS BASED ON AGREED UPON CRITERIA. 6. CAPITAL EXPENDITURES OR GRANTS IN EXCESS OF AND AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMEBRS. 7. ADDITION OR TERMINATION OF SERVICES. 8. APPROVAL OF SELECTION OF THE SLATE OF CANDIDATES FOR THE OFFICE OF CEO OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, PROVIDED, HOWEVER, THAT A REPRESENTATIVE OF EACH MEMBER WILL SERVE ON THE SELECTION COMMITTEE. 9. APPROVAL OF THE ANNUAL BUDGET AND STRATEGIC PLAN FOR THE CORPORATION AND ITS SUBSIDIARIES. "

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S ACCOUNTING DEPARTMENT. THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER, OFFICER AND VICE PRESIDENT IS REQUIRED TO COMPLETE A DISCLOSURE OF POTENTIAL CONFLICTS, WHICH ARE DEFINIED BY THE APPLICABLE POLICY, ON AN ANNUAL BASIS. EACH SUBMISSION IS REVIEWED BY THE BOARD CHAIR AND THE SYSTEM CEO, THEN INCORPORATED INTO A SUMMARY REPORT THAT IS PROVIDED TO THE BOARD AND THE INDIVIDUAL ORIGINALS IN EACH MEMBER'S BOARD BOOK. UPON THE HEARING OR DELIBERATION AF ANY MATTER THAT COMES BEFORE THE BOARD, THE BOARD CHAIR OR ANY INDIVIDUAL MEMBER OF THE BOARD CAN RAISE A QUESTION RELATED TO ANY CONFLICT THAT THEY MAY IDENTIFY. THE BOARD CHAIR, IN CONSULTATION WITH THE CEO AND THE FULL BOARD, WILL MAKE A DETERMINATION ON THE QUESTION AND THE PROCEDURE TO BE FOLLOWED IN THE INDIVIDUAL CASE. THE BOARD CHAIR, OR HIS DESIGNEE IF THE CHAIR IS CONFLICTED, WILL MANAGE THE CONFLICT TO ASSURE AN UNBIASED AND OBJECTIVE DISCUSSION AND DECISION.

FORM 990, PART VI, SECTION B, LINE 15: EACH EXECUTIVE'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE BOARD IS PROVIDED WITH SALARY COMPARISON DATA, WHICH IS PREPARED BY THE OHIO HOSPITAL ASSOCIATION EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19: TRINITY HEALTH SYSTEM MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES OR FINANCIAL STATEMENTS

Name of the organization: TRINITY HEALTH SYSTEM GROUP

Employer identification number: 30-0752920

AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. FUNANCIAL STATEMENTS ARE MADE AVAILABLE TO TRINITY BONDHOLDERS UPON THEIR REQUEST THROUGH MUNICIPAL INFORMATION REPOSITORIES.

FORM 990, PT VII, AVERAGE HOURS PER WEEK

FRED BROWER AND ELIZABETH ALLEN ARE OFFICERS OF TRINITY HEALTH SYSTEM. JAMES POPE IS AN OFFICER OF SYLVANIA FRANCISCAN HEALTH, A SPONSORING MEMBER OF THE ORGANIZATION. ONE OF THE RESPONSIBILITIES OF THEIR POSITION IS TO SERVE AS OFFICERS FOR MANY OF THE SUBSIDIARY ORGANIZATIONS. THE AVERAGE WORK WEEK FOR THESE INDIVIDUALS IS 40+ HOURS. THIS TIME IS ALLOCATED TO THEIR POSITIONS WITH THE VARIOUS SUBSIDIARIES AS WELL AS THEIR RESPONSIBILITIES OF THE PARENT ORGANIZATION. IT IS ESTIMATED THAT THESE INDIVIDUALS DEDICATE AT LEAST ONE HOUR PER WEEK TO THEIR RESPONSIBILITIES AS OFFICERS OF THE SUBORDINATE ORGANIZATIONS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-146,000.
CHANGE IN RESTRICTED NET ASSETS	-7,536,105.
TOTAL TO FORM 990, PART XI, LINE 5	-7,682,105.

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

(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** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
TRINITY HEALTH SYSTEM - 34-1818681 380 SUMMIT AVENUE STEUBENVILLE, OH 43952	SUPPORT AND MANAGEMENT	OHIO	501(C)(3)	LINE 11B, II	TRI-STATE HEALTH SERVICES AND SYLVANIA		X
TRINITY HEALTH SYSTEM FOUNDATION - 34-1329423, 380 SUMMIT AVENUE, STEUBENVILLE, OH 43952	CHARITABLE FUNDRAISING	OHIO	501(C)(3)	LINE 11A, I	TRINITY HEALTH SYSTEM		X
SYLVANIA FRANCISCAN HEALTH - 34-1412964 3231 CENTRAL PARK WEST SUITE 106 STEUBENVILLE, OH 43952	PARENT	OHIO	501(C)(3)	LINE 1			X
TRI-STATE HEALTH SERVICES INC. - 34-1522484 381 SUMMIT AVENUE STEUBENVILLE, OH 43952	PARENT	OHIO	501(C)(3)	LINE 11A, I			X

SEE PART VII FOR CONTINUATIONS76

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TRINITY MANAGEMENT SERVICES ORGANIZATION - 34-1471026 380 SUMMIT AVENUE STEUBENVILLE, OH 43952	MANAGEMENT SERVICES, PHYSICIAN STAFF	OH		C CORP	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o	X	
p Reimbursement paid by related organization(s) for expenses	1p		X
q Other transfer of cash or property to related organization(s)	1q		X
r Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH SYSTEN	O	4,629,350.	
(2) TRINITY MANAGEMENT SERVICES ORGANIZATION	O	2,755,062.	
(3) TRINITY HEALTH SYSTEM FOUNDATION	C	708,000.	
(4) TRI-STATE	J	673,965.	
(5) TRI-STATE	O	200,000.	
(6) FSC	O	1,854,989.	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(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	(k) Percentage ownership

Part VII Supplemental Information

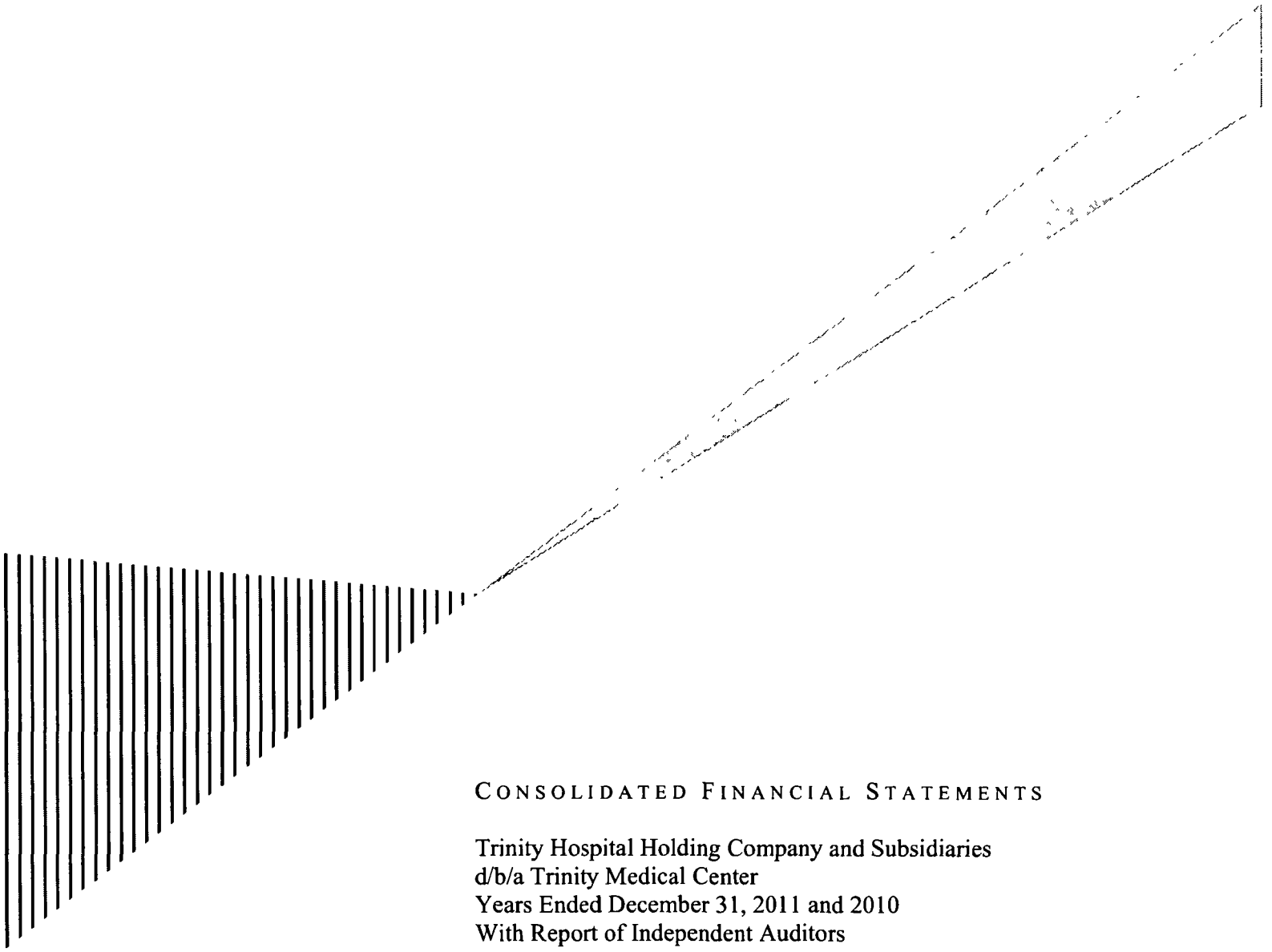
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

TRINITY HEALTH SYSTEM

DIRECT CONTROLLING ENTITY: TRI-STATE HEALTH SERVICES AND SYLVANIA FRANCISCAN HEALTH



CONSOLIDATED FINANCIAL STATEMENTS

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

Contents

Ernst & Young LLP
2100 One PPG Place
Pittsburgh, PA 15222
Tel: +1 412 644 7800
Fax: +1 412 644 0477
www.ey.com

Report of Independent Auditors

The Board of Trustees
Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

We have audited the accompanying consolidated statements of financial position of Trinity Hospital Holding Company and subsidiaries d/b/a Trinity Medical Center (Trinity) as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of Trinity's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of Trinity's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Trinity's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Trinity Hospital Holding Company and subsidiaries d/b/a Trinity Medical Center at December 31, 2011 and 2010, and the consolidated results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in Note 2 to the consolidated financial statements, Trinity changed its presentation of revenues and provision for doubtful accounts as a result of the adoption of the amendments to the Financial Accounting Standards Board Accounting Standards Codification resulting from Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities.*

Ernst + Young LLP

April 26, 2012

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Consolidated Statements of Financial Position

	December 31 2011	2010
Assets		
Current assets:		
Cash and cash equivalents	**$ 11,326,721**	$ 6,687,146
Current portion of trustee-held funds	**802,766**	785,935
Accounts receivable	**32,057,387**	28,436,655
Allowance for doubtful accounts	**(8,764,654)**	(8,622,000)
	23,292,733	19,814,655
Due from affiliates	**1,014,496**	299,491
Inventories	**3,053,351**	2,978,134
Due from third-party payors	**–**	929,563
Prepaid expenses and other current assets	**2,760,085**	1,446,546
Total current assets	**42,250,152**	32,941,470
Assets whose use is limited:		
Board-designated funds	**66,741,491**	61,759,225
Trustee-held funds	**4,444,739**	4,305,652
Other investments	**1,391,577**	1,377,711
	72,577,807	67,442,588
Current portion of trustee-held funds	**(802,766)**	(785,935)
	71,775,041	66,656,653
Other assets:		
Other receivables	**773,518**	871,731
Due from affiliates	**2,262,451**	–
Interest in net assets of Foundation	**13,679,422**	14,258,155
Unamortized financing costs and other deferred costs	**288,868**	307,029
Other intangible assets	**315,949**	–
Goodwill	**2,573,161**	1,700,000
	19,893,369	17,136,915
Property, buildings, and equipment	**208,125,267**	202,336,589
Allowances for depreciation	**(155,339,524)**	(147,891,932)
	52,785,743	54,444,657
Total assets	**$ 186,704,305**	$ 171,179,695

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Consolidated Statements of Financial Position (continued)

	December 31	
	2011	**2010**
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 11,075,588**	$ 8,915,666
Accrued payroll and related expenses	**6,197,865**	5,089,819
Other accrued expenses	**1,985,000**	1,795,700
Accrued interest	**431,484**	438,434
Due to affiliates	**1,165,490**	1,061,301
Current portion of insurance claims reserve	**565,613**	–
Due to third-party payors	**1,694,578**	356,695
Current portion of long-term debt and capital lease obligations	**1,781,197**	1,390,000
Total current liabilities	**24,896,815**	19,047,615
Other liabilities:		
Retirement benefits obligation	**19,541,271**	13,765,392
Long-term reserve, insurance claims	**2,262,451**	–
Long-term debt, less current portion	**40,302,838**	41,139,501
	62,106,560	54,904,893
Total liabilities	**87,003,375**	73,952,508
Net assets:		
Unrestricted	**85,278,509**	82,226,032
Unrestricted interest in Foundation	**6,410,160**	6,475,462
Temporarily restricted interest in Foundation	**5,909,930**	6,401,695
Permanently restricted	**743,000**	743,000
Permanently restricted interest in Foundation	**1,359,331**	1,380,998
Total net assets	**99,700,930**	97,227,187
Total liabilities and net assets	**$ 186,704,305**	$ 171,179,695

See accompanying notes.

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended December 31	
	2011	**2010**
Unrestricted revenue, gains, and other support		
Patient service revenue (net of contractual allowances and discounts)	**$ 186,225,451**	$ 181,128,364
Provision for bad debts	**13,302,452**	11,407,960
Net patient service revenue less provision for bad debts	**172,922,999**	169,720,404
Other operating revenue	**11,022,301**	5,254,144
Total revenue and other support	**183,945,300**	174,974,548
Expenses		
Salaries and wages	**74,150,430**	67,553,501
Employee benefits	**23,434,507**	22,624,310
Professional fees	**2,182,845**	1,837,135
Supplies and pharmaceuticals	**37,554,689**	38,217,178
Purchased services, utilities, and other	**32,508,012**	27,990,678
Insurance	**160,625**	1,514,532
Depreciation and amortization	**8,490,877**	8,271,063
Interest	**1,902,743**	2,026,622
Total expenses	**180,384,728**	170,035,019
Net operating income	**3,560,572**	4,939,529
Other nonoperating income (loss):		
Interest and dividend income – net	**1,454,951**	1,525,779
Contributions	**504**	3,169
Realized (loss) gain on sale of investments – net	**(191,998)**	(1,120,612)
Net unrealized (loss) gain on investments	**(146,000)**	5,601,474
Net gain on extinguishment of debt and related interest rate swap	**–**	1,902,959
Gain on disposal of assets	**4,560,545**	9,298
Change in unrestricted interest in Foundation	**(65,302)**	596,566
Total other nonoperating income	**5,612,700**	8,518,633
Excess of revenues over expenses	**9,173,272**	13,458,162

Continued on next page.

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2011	**2010**
Operating activities		
Increase in net assets	**$ 2,473,743**	$ 15,844,245
Adjustments to reconcile increase in net assets to net cash and cash equivalents provided by operating activities:		
Net unrealized loss (gain) on investments	**146,000**	(5,601,474)
Gain on extinguishment of debt and related interest rate swap	**–**	(1,902,959)
Gain on disposal of property and equipment	**(4,560,545)**	(9,298)
Provision for doubtful accounts	**13,302,452**	11,407,960
Depreciation and amortization	**8,490,877**	8,271,063
Amortization of debt discount	**108,379**	–
Change in pension obligation	**6,944,098**	2,662,673
Change in value of interest rate swap	**–**	(4,032,000)
Change in interest in net assets of Foundation	**578,733**	(1,156,322)
Increase in patients accounts receivable	**(16,780,530)**	(12,939,873)
Increase in other assets	**(1,204,158)**	(496,108)
Decrease in due to/from affiliates	**(2,873,267)**	–
Increase (decrease) in accounts payable, salaries, wages, and other accrued expenses	**2,950,318**	(2,584,219)
Decrease in retirement benefits payable	**(1,168,219)**	(3,489,749)
Increase in insurance claim reserve	**2,828,064**	–
Change in settlements receivable under third-party reimbursement contracts	**2,267,446**	(1,115,307)
Net cash and cash equivalents provided by operating activities and gains	**13,503,391**	4,858,632
Investing activities		
Cash proceeds used in the purchase of investments	**(57,813,907)**	(59,308,107)
Cash proceeds provided by the sale of investments	**52,532,688**	58,625,654
Cash proceeds on the sale of renal division	**4,595,946**	–
Acquisition of physician practice	**(1,500,000)**	–
Acquisition of endoscopy facility	**–**	(1,700,000)
Purchase of property and equipment, net	**(5,126,698)**	(10,034,876)
Net cash and cash equivalents used in investing activities	**(7,311,971)**	(12,417,329)
Financing activities		
Payment of deferred financing fees for bonds	**–**	(349,387)
Repayment of long-term debt and capital lease obligations	**(1,551,845)**	(36,364,422)
Issuance of long-term debt	**–**	42,500,788
Net cash and cash equivalents (used in) provided by financing activities	**(1,551,845)**	5,786,979
Increase (decrease) in cash and cash equivalents	**4,639,575**	(1,771,718)
Cash and cash equivalents at beginning of year	**6,687,146**	8,458,864
Cash and cash equivalents at end of year	**$ 11,326,721**	$ 6,687,146

See accompanying notes.

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center

Notes to Consolidated Financial Statements

December 31, 2011 and 2010

1. Organization

Parent

Tri-State Health Services, Inc. (Tri-State) and Sylvania Franciscan Health (fka Franciscan Services Corporation) co-sponsored the formation of Trinity Health System (Health System), a not-for-profit corporation, controlled 50% by each entity. Sylvania Franciscan Health is the formal expression of the sponsored health and human services ministry of the Sisters of St. Francis of Sylvania, Ohio. Among the member organizations in Ohio and Texas are six hospitals, seven long-term care facilities, four assisted living facilities, independent senior housing, a counseling center, a domestic violence shelter, and other supporting organizations. Trinity Hospital Holding Company d/b/a Trinity Medical Center (Trinity) was established January 1, 1997, as a subsidiary of the Health System and a holding company for Trinity East d/b/a Trinity Medical Center East (Trinity East) and Trinity West d/b/a Trinity Medical Center West (Trinity West). Trinity, located in Steubenville, Ohio, is engaged primarily in the providing of health care services to the citizens who reside in the Eastern Ohio, West Virginia, and Western Pennsylvania geographic area, through its acute care and specialty care facilities.

Consolidation

The consolidated financial statements include the accounts of Trinity and its controlled not-for-profit subsidiaries, Trinity East and Trinity West. All significant intercompany accounts and transactions have been eliminated in consolidation.

Reclassifications

Certain reclassifications were made to the accompanying consolidated financial statements and footnotes. These reclassifications had no impact on the consolidated statements of financial position as of December 31, 2011 and 2010 or the consolidated statements of operations and changes in net assets for the years then ended.

2. Significant Accounting Policies

The accounting policies followed by Trinity and the methods of applying those policies that materially affect the determination of the consolidated financial position, consolidated results of operations and changes in net assets, and consolidated cash flows are summarized below.

2. Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. Adjustments to estimates are recorded, as appropriate, in the periods in which they are determined.

Cash and Cash Equivalents

Cash includes currency on hand and demand deposits with financial institutions. Cash equivalents are short-term, highly liquid investments both readily convertible to known amounts of cash and so near to maturity (three months or less at the time of purchase) that there is insignificant risk of changes in value because of changes in interest rates.

Inventories

Inventories consisting of supplies and pharmaceuticals are stated at the lower of first-in, first-out cost or market.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are carried at fair value and accounted for as trading securities. Investment income, including realized gains and losses determined by the specific identification method and unrealized gains and losses, is included in excess of revenues over expenses unless restricted by the donor in connection with a gift.

Board-Designated Funds

The Board of Trustees has authorized Trinity to fund depreciation. Funds available in the funded depreciation account may be used to acquire capital assets and to make mortgage or similar payments, including principal payments on the long-term debt and capital lease obligations. These funds are also available to be used to fund operations, if necessary.

2. Significant Accounting Policies (continued)

Trustee-Held Funds

Trustee-held funds consist of funds held by the bond trustee in the debt service fund and interest fund, which are restricted for payment of principal and interest on the Series 2010 Bonds. Also, included in trustee-held funds are funds held in the project fund for construction costs.

Property, Buildings, and Equipment

Property, buildings, and equipment are carried at cost or fair value at date of purchase or gift. Expenditures for renewals or betterments are capitalized, and expenditures for maintenance and repairs are charged to expense. Depreciation is provided by the straight-line method at rates that are expected to amortize the cost of the assets over their useful lives (predominantly ranging from 3 to 40 years). Assets capitalized under capital leases are amortized in accordance with the respective class of owned assets. Depreciation expense includes amortization of assets held under capital leases.

Unamortized Financing and Other Deferred Costs

Unamortized financing costs consist of bond issuance costs that are being amortized over the life of the related indebtedness.

Goodwill

Goodwill represents the excess of the cost of an acquired entity over the fair value of the assets acquired and liabilities assumed. Goodwill is reviewed annually for impairment or more frequently if events or circumstances indicate that the carrying value of any asset may not be recoverable. The impairment test for goodwill requires a comparison of the fair value of each reporting unit that has goodwill associated with its operations with its carrying amount.

The impairment analysis includes assessing specific qualitative factors surrounding company-specific information, industry and market considerations and other significant inputs used to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If the qualitative factors indicate impairment, the fair market value for each reporting unit that has goodwill would be further assessed on a quantitative basis using discounted cash flow and multiples of cash earnings valuation techniques, plus valuation comparisons to recent public sale transactions of similar businesses, if any. These valuation

2. Significant Accounting Policies (continued)

methods require estimates and assumptions regarding future operating results, cash flows, changes in working capital and capital expenditures, profitability, and the cost of capital. Although Trinity believes that any estimates and assumptions used are reasonable, actual results could differ from those estimates and assumptions.

Asset Impairment

Trinity evaluates the recoverability of the carrying value of long-lived assets by reviewing long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and adjusts the asset cost to fair value if undiscounted cash flows are less than the carrying amount of the asset. Write-downs due to impairment are charged to operations at the time the impairment is identified. There were no impairment charges taken for fiscal years ended December 31, 2011 and 2010.

Professional Liability, Workers' Compensation, and Medical Insurance

Trinity is a participant in the Franciscan Services Corporation Self-Insurance Program (the Program) for professional and general liability insurance coverage. Payment of claims in any one year from the self-insurance fund and from excess insurance coverage also purchased under the Program is subject to certain limitations. Payments to the self-insurance fund and payments for Trinity's portion of the Program's cost for excess insurance coverage are amortized over the coverage period or plan year and are based on actuarially determined premiums. The Program allocates to Trinity a portion of the known claims and tail liability, which is recorded on the consolidated statements of financial position with an offsetting receivable from the Program. Any liabilities for claims exceeding coverage limits are recorded at the time these become probable and estimable.

Trinity is self-insured for workers' compensation for $500,000 of medical and lost wages per occurrence and $1,000,000 for employer liability per occurrence. Amounts accrued for workers' compensation are based upon estimates from Trinity's claims processor and management.

Trinity is self-insured for a portion of the health care services furnished to employees for up to $225,000 per occurrence, up to a lifetime limit of $1,000,000 per employee. Provision has been made for the estimated cost of claims incurred but not billed by the service provider.

2. Significant Accounting Policies (continued)

The ultimate amount of the claims for the aforementioned risks is dependent upon future developments. Adjustments, if any, to estimates resulting from ultimate claim payments are reflected in operations in the periods such adjustments are known.

Temporarily and Permanently Restricted Net Assets

Unconditional promises to give cash and other assets to Trinity are reported at fair value at the date the promise is received. Conditional promises to give or an indication of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted.

Temporarily restricted net assets are those whose use is limited by donor-imposed stipulations that either expire with the passage of time or can be fulfilled and removed by actions of Trinity pursuant to those stipulations. Temporarily restricted net assets are available for capital and other program expenditures.

Permanently restricted net assets are those whose use is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by the actions of Trinity. Investment earnings are temporarily restricted until Trinity appropriates them for uses associated with patient care or other uses as designated.

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Temporarily restricted net assets are available for a number of initiatives. The more significant temporary restrictions relate to operations of Trinity Medical Center of $5,609,000, with income used to the benefit of the hospital's operation, cancer-related capital initiatives of $102,000, and $157,000 of scholarships for the Trinity School of Nursing. Permanently restricted net assets are comprised of endowment funds, which are restricted in perpetuity and income primarily used for the benefit of Trinity Medical Center operations, without restriction. The more significant permanent restrictions relate to hospital operations of $1,661,000 with income unrestricted for

2. Significant Accounting Policies (continued)

the hospital's benefit, $75,000 for the benefit of the Sisters of St. Francis cultural needs, $71,000 related to employee awards for service to Trinity Medical Center, and $224,000 related to scholarships for students attending the Trinity School of Nursing.

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include changes in the pension liability, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).

Operating Activities and Other Nonoperating Income (Loss)

Only those activities directly associated with the furtherance of Trinity's primary mission are considered to be operating activities. Other activities that result in gains or losses are considered to be other nonoperating income (loss). Other nonoperating income (loss) mainly includes interest and other earnings or losses on investments other than trustee-held investments related to borrowed funds.

Patient Receivables and Net Patient Service Revenues

Patient receivables and net patient service revenues are derived primarily from patients who reside in Ohio and West Virginia and surrounding states. Patient receivables consist of amounts due from third-party payors, including federal and state indemnity and managed care programs, managed care health plans and commercial insurance companies, and individual patients for health care services rendered. Trinity does not require collateral or other security on its patient receivables. Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, Trinity analyzes its historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon specific accounts, historical write-off experience, and current market conditions. The results of this review are then used to make any modifications to the provision for bad debts to

2. Significant Accounting Policies (continued)

establish an appropriate allowance for uncollectible receivables. For receivables associated with services provided to patients who have third-party coverage, Trinity analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make realization of amounts due unlikely. For receivables associated with self-pay residents, which includes both residents without insurance and residents with deductibles and copayment balances due for which third-party coverage exists for part of the bill, Trinity records a provision for bad debts on the basis of its experience. The difference between the standard rates and the amount actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Trinity's allowance for doubtful accounts for self-pay patients remained unchanged at 83% of self-pay accounts receivable at December 31, 2011 and 2010. In addition, Trinity's self-pay write-offs increased $1,900,000 from $11,400,000 for fiscal year 2010 to $13,300,000 for fiscal year 2011. This increase was the result of negative trends experienced in the collection of amounts from self-pay residents in fiscal year 2011. Trinity has not changed its charity care or uninsured discount policies during fiscal years 2011 or 2010. Trinity does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Trinity recognizes patient service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. Net patient service revenue is reported on the accrual basis in the period in which services are provided. The majority of Trinity's services are rendered to patients under Medicare, Blue Cross, and Medical Assistance programs. Revenues from these programs account for approximately 44%, 5%, and 10%, respectively, of net patient service revenue for the year ended December 31, 2011; and 44%, 11%, and 8%, respectively, for the year ended December 31, 2010. Reimbursement under these programs is based on a combination of historical costs, prospectively determined rates, and/or a percent of approved charges, all subject to certain limitations established by the third-party payor. The payments received under these programs are less than the established Trinity rates. For uninsured residents that do not qualify for charity care, Trinity recognizes revenue on the basis of its standard rates for services provided, or on the basis of discounted rates, if negotiated. On the basis of experience, a significant portion of Trinity's

2. Significant Accounting Policies (continued)

uninsured patients will be unable or unwilling to pay for the services provided. Thus, Trinity records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, is as follows:

	Medicare	Medicaid	Blue Cross	Self-Pay	Other	Total All Payors
Patient service revenue (net of contractual allowances)	$ 81,509,645	$ 19,516,212	$ 9,416,178	$ 20,163,096	$ 55,620,320	$ 186,225,451

Amounts received under the Medicare and Medicaid programs are subject to review and final determination by program intermediaries or their agents. Final determinations have been made for Medicare and Medicaid through 2006. Provision is made for estimated adjustments in the period the related services are rendered and adjusted in future periods as settlements are determined. Prior-year settlements increased the excess of revenues over expenses by approximately $695,000 and $254,000 in 2011 and 2010, respectively.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Compliance with such laws and regulations can be subject to government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. As a result, there is at least a reasonable possibility that the recorded estimates will change by material amounts in the near term. Trinity management believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare program.

Significant concentrations of net patient accounts receivable at December 31, 2011 and 2010, respectively, include the following: Medicare – 32% and 28%; Medicaid – 7% and 8%; and Blue Cross – 7% and 5%.

2. Significant Accounting Policies (continued)

Charity Care

Trinity accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of Trinity. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, Trinity utilizes the generally recognized poverty income levels established by the federal government, but also includes certain cases where incurred charges are significant when compared to patient income and resources. Trinity's policy is to provide charity care to patients up to 200% of the federal poverty level. Charity care is not reported as revenue in the consolidated statements of operations and changes in net assets. The costs of providing care is estimated using Trinity's internal cost data and is calculated in compliance with guidelines established by both the Catholic Health Association and the Internal Revenue Service. The amount of traditional charity care provided, determined on the basis of cost, was approximately $3,860,000 and $4,160,000 for the years ended December 31, 2011 and 2010, respectively.

Income Taxes

Trinity qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Trinity is exempt from Ohio state income tax under ORC 1702.

Derivatives

Trinity used derivatives to modify the interest rates and manage risks associated with its outstanding debt. Trinity recorded derivative financial instruments, such as interest rate swaps, as assets or liabilities in the consolidated statements of financial position at fair value. The accounting for changes in the fair value (i.e., gains or losses) of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship, and further, on the type of hedging relationship. Trinity had entered into an interest rate swap agreement to convert its variable rate debt to a fixed interest rate. In 2010, the Company settled the interest rate swap, and the loss of $7.9 million was recognized in the consolidated statements of operations and changes in net assets as part of the net gain on extinguishment of debt and related interest rate swap.

2. Significant Accounting Policies (continued)

Interest in Net Assets of Trinity Foundation

Trinity is deemed to be both financially interrelated and a designated beneficiary of the Trinity Foundation (Foundation). The Foundation is organized for the purpose of stimulating voluntary financial support from donors for the sole benefit of Trinity. The Foundation's assets are comprised mainly of cash and investments at December 31, 2011 and 2010. Trinity records its interest in the net assets of the Foundation.

Subsequent Events

Events that occur after the consolidated statements of financial position date but before financial statements are issued or available to be issued under applicable guidance are required to be considered for disclosure in the financial statements. Management has considered subsequent events through April 26, 2012, the date the financial statements were available to be issued. No recognized or nonrecognized subsequent events were identified for recognition or disclosure in the consolidated statements of financial position or the accompanying notes to the consolidated financial statements.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, which clarifies certain existing fair value measurement disclosure requirements and requires additional fair value measurement disclosures. Specifically, assets and liabilities must be leveled by major class of asset or liability. Additional disclosures are required about valuation techniques and the inputs to those techniques for those assets or liabilities designated as Level 2 or Level 3 instruments. Disclosures regarding transfers between Level 1 and Level 2 assets and liabilities are also required, as well as certain disaggregation of activity in the reconciliation of fair value measurements, using significant unobservable inputs (Level 3 assets and liabilities). Certain provisions in this pronouncement were effective for fiscal years beginning after December 15, 2009, with the remaining provisions effective for fiscal years beginning after December 31, 2010. As a result, certain of the required provisions in ASU 2010-06 were adopted in the prior year's footnote disclosures and the remaining provisions were adopted effective January 1, 2011, and have been reflected in the footnote disclosures included in the consolidated financial statements.

2. Significant Accounting Policies (continued)

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain HealthCare Entities*. The amendments in the ASU require certain health care entities to change the presentation of their consolidated statements of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The ASU was effective for fiscal years ending after December 15, 2011. As a result of adopting this pronouncement, the provisions for bad debts associated with patient service revenue have been reclassified from an operating expense to a deduction from patient service revenue for the years ended December 31, 2011 and 2010, in the consolidated statements of operations and changes in net assets and expanded footnote disclosures have been included.

In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure,* which requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. The pronouncement also requires disclosure of the method used to identify or determine such costs. The pronouncement was effective for fiscal years beginning after December 15, 2010. Trinity adopted the guidance in this pronouncement effective January 1, 2011. The adoption of ASU 2010-23 has been reflected in the footnote disclosures included in the consolidated financial statements.

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries,* which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The pronouncement was effective for fiscal years beginning after December 15, 2010. The adoption of this standard increased assets by $2,828,064, current liabilities by $565,613, and long-term liabilities by $2,262,451 in the consolidated statements of financial position as of December 31, 2011, as compared to December 31, 2010.

2. Significant Accounting Policies (continued)

In September 2011, the FASB issued ASU 2011-08, *Testing Goodwill for Impairment.* The amendments in this pronouncement permit an entity to first assess qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment test. This ASU is effective for fiscal years ending after December 15, 2011. Trinity has elected to apply this guidance in association with their annual impairment assessment. This did not have an impact on the amounts reported in the financial statements.

Business Acquisition

In February 2010, Trinity purchased an endoscopy practice for total cash consideration of $1.7 million. Based on the fair value of the assets acquired, Trinity recognized goodwill of $1.7 million pertaining to this acquisition.

3. Investments

Trinity's assets, whose use is limited, are stated at fair value and consist of the following at December 31:

	2011	2010
Board-designated:		
Cash and short-term marketable securities	**$ 2,933,893**	$ 1,532,734
United States (U.S.) government and agency obligations	**10,433,983**	12,686,474
Corporate bonds	**8,928,181**	4,378,775
Equity securities	**6,183,267**	6,046,291
Mutual funds	**38,079,485**	36,757,634
Accrued interest	**182,682**	357,317
	$ 66,741,491	$ 61,759,225

3. Investments (continued)

	2011	2010
Trustee-held funds:		
Money market funds	**$ 1,220,176**	$ 1,929,585
U.S. government agency obligations	**3,224,563**	2,376,067
	$ 4,444,739	$ 4,305,652
Other investments:		
Cash surrender value of life insurance	**$ 707,820**	$ 663,958
Scholarship fund	**23,088**	23,084
Investment in charitable remainder trust and investment to be held in perpetuity, the income from which is unrestricted	**660,669**	690,669
	$ 1,391,577	$ 1,377,711

Investment income, including realized and unrealized gains and losses for all investments, is comprised of the following:

	Year Ended December 31	
	2011	2010
Interest and dividend income	**$ 1,502,858**	$ 1,573,713
Realized (loss) gain on sale of investments, net	**(191,998)**	(1,120,612)
Unrealized (loss) gain on investments, net	**(146,000)**	5,601,474
Total investment return	**$ 1,164,860**	$ 6,054,575

3. Investments (continued)

	Year Ended December 31	
	2011	**2010**
Included in other operating revenue:		
Interest and dividend income	**$ 47,907**	$ 47,934
Included in other nonoperating income (loss):		
Interest and dividend income – net	**1,454,951**	1,525,779
Net realized (losses) gains on sale of investments	**(191,998)**	(1,120,612)
Net unrealized (losses) gains on unrestricted investments	**(146,000)**	5,601,474
	$ 1,164,860	$ 6,054,575
Total investment return	**$ 1,164,860**	$ 6,054,575

The guidance requires disclosure including a fair value hierarchy that is intended to increase consistency and comparability in fair value measurements and related disclosures. The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that are either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

- Level 1 – Inputs are quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable, and market-corroborated inputs derived principally from or corroborated by observable market data.
- Level 3 – Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

The following table represents Trinity's fair value hierarchy for its financial assets (cash and investments) and liabilities measured at fair value on a recurring basis as of December 31, 2011 and 2010. When quoted market prices are unobservable, quotes from independent pricing vendors based on recent trading activity and other relevant information including market interest rate curves, referenced credit spreads and estimated prepayment rates where applicable are used for valuation purposes. These investments are included in Level 2.

3. Investments (continued)

	Total Fair Value Measurement at December 31, 2011	Fair Value Measurement at December 31, 2011, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Board-designated funds:				
Cash equivalents	$ 2,933,893	$ 2,933,893	$ –	$ –
U.S. government and agency obligations	10,433,983	–	10,433,983	–
Equities:				
Domestic	6,183,267	6,183,267	–	–
Corporate bonds:				
Domestic	8,928,181	–	8,928,181	–
Mutual funds:				
Domestic	32,192,939	32,192,939	–	–
International	5,886,546	5,886,546	–	–
Accrued interest	182,682	182,682	–	–
Trustee-held funds:				
Cash equivalents	1,220,176	1,220,176	–	–
U.S. government and agency obligations	3,224,563	–	3,224,563	–
Other investments:				
Cash equivalents	764,066	13,310	750,756	–
U.S. government and agency obligations	63,070	–	63,070	–
Equities:				
Domestic	47,451	47,451	–	–
International	8,771	8,771	–	–
Mutual funds:				
Domestic	508,219	508,219	–	–
Total	$ 72,577,807	$ 49,177,254	$ 23,400,553	$ –

3. Investments (continued)

	Total Fair Value Measurement at December 31, 2010	Fair Value Measurement at December 31, 2010, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Board-designated funds:				
Cash equivalents	$ 1,532,734	$ 1,532,734	$ –	$ –
U.S. government and agency obligations	12,686,474	–	12,686,474	–
Equities:				
Domestic	6,046,291	6,046,291	–	–
Corporate bonds:				
Domestic	4,124,625	–	4,124,625	–
International	254,150	–	254,150	–
Mutual funds:				
Domestic	30,110,740	30,110,740	–	–
International	6,646,894	6,646,894	–	–
Accrued interest	357,317	357,317	–	–
Trustee-held funds:				
Cash equivalents	1,929,585	1,929,585	–	–
U.S. government and agency obligations	2,376,067	–	2,376,067	–
Other investments:				
Cash equivalents	697,759	33,801	663,958	–
U.S. government and agency obligations	61,065	–	61,065	–
Equities:				
Domestic	45,005	45,005	–	–
International	8,014	8,014	–	–
Mutual funds:				
Domestic	472,241	472,241	–	–
International	82,627	82,627	–	–
Other	11,000	–	–	11,000
Total	$ 67,442,588	$ 47,265,249	$ 20,166,339	$ 11,000

3. Investments (continued)

The following table provides a reconciliation of Trinity's alternative investments at fair value on a recurring basis, which use Level 3 or significant unobservable inputs for the years ended December 31, 2011 and 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
Balance at January 1, 2010	$ 10,000
Recognition of realized and unrealized gains recorded to net assets	1,000
Balance at December 31, 2010	11,000
Recognition of realized and unrealized gains recorded to net assets	**353**
Purchases, issuances, and settlements, net	**(11,353)**
Balance at December 31, 2011	**$ –**

The long-term investments included in the Level 3 hierarchy are Trinity's position in structured notes issued by Credit-Suisse and JP Morgan. Trinity owned a share of these notes, which have no quoted market price. There were no similar investments with quoted market prices. The issuers provided a daily net asset value (NAV) for the notes. Trinity primarily determined the fair value of its investment in this fund using the NAV provided by the issuers as of December 31, 2010. The NAV and the underlying assets had one or more significant inputs or value drivers that were unobservable to Trinity, both in the calculation methodology and because certain of the underlying assets did not have quoted market prices. During 2011, Trinity sold this asset.

4. Property, Buildings, and Equipment

Property, buildings, and equipment consist of the following:

	December 31 2011	2010
Land and land improvements	**$ 3,206,489**	$ 3,206,489
Buildings and fixed equipment	**123,963,042**	121,748,574
Moveable equipment	**80,603,151**	75,393,435
Construction in progress	**352,585**	1,988,091
	208,125,267	202,336,589
Allowances for depreciation and amortization	**(155,339,524)**	(147,891,932)
Property, buildings, and equipment, net of accumulated depreciation	**$ 52,785,743**	$ 54,444,657

5. Long-Term Obligations

Long-term obligations consist of the following:

	December 31 2011	2010
Hospital Facilities Revenue Refunding and Improvement Bonds, Series 2010	**$ 42,540,000**	$ 43,930,000
Capital lease obligations	**836,155**	–
Total obligations	**43,376,155**	49,930,000
Less current portion	**(1,781,197)**	(1,390,000)
Less original issue discount	**(1,292,120)**	(1,400,499)
Total long-term obligations	**$ 40,302,838**	$ 41,139,501

5. Long-Term Obligations (continued)

In August 2010, Trinity Hospital Holding Company and its subsidiaries, Trinity East and Trinity West (collectively, the Obligated Group) leased certain facilities to the City of Steubenville, Ohio (the City) through the year 2030. The City then agreed to loan the Obligated Group the proceeds from the sale by the City of $43,930,000 of Hospital Facilities Revenue Refunding and Improvement Bonds, Series 2010. The City then subleased the facilities to Trinity East and Trinity West for the same term at a rental equal to the debt service on the Series 2010 Bonds. The obligations of the Obligated Group to pay rent under the subleases have been evidenced and secured by the Series 2010 Note issued to The Bank of New York Mellon Trust Company, N.A. (Master Trustee) by the Obligated Group pursuant to the terms of the master indenture dated August 1, 2010.

The Obligated Group has assigned and granted an assignment of, and a security interest in, all present and future gross receipts of the Obligated Group to secure payment of principal and interest on Series 2010 Bonds and the observance and performance of each member of the Obligated Group of all of its covenants, agreements, and obligations under the master indenture. The Obligated Group security interest does not include any interest in the net assets of the Foundation, which aggregated $13,679,422 and $14,258,155 at December 31, 2011 and 2010, respectively, nor any income generated from that interest. As security for its obligations under the Series 2010 Bonds, each of Trinity East and Trinity West, respectively, has granted to the Master Trustee pursuant to the master indenture for the benefit of the bondholders, a first mortgage lien on the real property and fixtures constituting the existing facilities. The proceeds were used to refund the Series 2007 Bonds, fund a debt service reserve fund for the Series 2010 Bonds, pay amounts due upon termination of the interest rate hedge agreement relating to the Series 2007 Bonds, and pay certain issuance costs.

The Series 2010 Bonds consist of serial bonds, which contain redemption provisions. At the direction of Trinity, the bonds may be redeemed on each October 1 in increasing annual amounts of $1,455,000 on October 1, 2012, to $3,195,000 on October 1, 2030, bearing interest at a fixed rate ranging from 2% to 5%.

5. Long-Term Obligations (continued)

In connection with the issuance of Series 2007 Bonds, the Obligated Group entered into an interest rate swap agreement with respect to the Series 2007 Bonds (the Hedge Agreement) with Merrill Lynch Capital Services, Inc. (the Swap Provider). The Hedge Agreement, which was scheduled to mature on October 1, 2030, provided for the payment of a fixed rate of interest of 4.715% per annum by the Obligated Group to the Swap Provider and a payment of a variable rate by the Swap Provider to the Obligated Group equal to the index rate. In connection with the issuance of the Series 2010 Bonds, this swap was terminated. The change in value of the swap was recorded as an other change in unrestricted net assets gain of $4,032,000 in 2010.

A gain on the extinguishment of debt of approximately $9,688,000 was recorded in 2010 based on the repayment of the Series 2007 Bonds; this gain was offset by approximately $7,229,000, relating to the loss on the settlement of the swap and the write-offs of the unamortized deferred issuance costs and unamortized bond issuance discounts.

At December 31, 2011, future minimum payments for all long-term obligations are as follows:

	Capital Lease Obligations	Hospital Facilities Revenue Bonds	Total Minimum Payments
2012	$ 348,948	$ 1,455,000	$ 1,803,948
2013	348,948	1,525,000	1,873,948
2014	174,474	1,600,000	1,774,474
2015	–	1,675,000	1,675,000
2016	–	1,750,000	1,750,000
Thereafter	–	34,535,000	34,535,000
Total	872,370	$ 42,540,000	$ 43,412,370
Less amounts representing interest	36,215		
Present value of capital lease obligations	836,155		
Less current maturities of capital lease obligations	326,197		
Long-term capital lease obligations	$ 509,958		

Trinity paid interest costs of approximately $1,897,000 and $2,130,000 in 2011 and 2010, respectively. Capitalized interest was $0 and $48,446 in 2011 and 2010, respectively.

5. Long-Term Obligations (continued)

In connection with the long-term obligations detailed above, members of the Obligated Group (Trinity Hospital Holding Company and subsidiaries) are subject to certain restrictive covenants that require, among other items, the Obligated Group to maintain certain financial ratios as defined in the debt agreements and to make certain informational filings with its creditors.

6. Related-Party Transactions

Trinity is affiliated with Sylvania Franciscan Health and the Sisters of St. Francis of Sylvania, Ohio (Sisters), and the corporate entities affiliated with these organizations. Trinity makes payments to those organizations for a management fee and for the cost of services performed by the religious order employees. Such payments aggregated approximately $846,400 and $843,700 for the years ended December 31, 2011 and 2010, respectively. In addition, Trinity purchases professional and general liability insurance through Sylvania Franciscan Health at a cost of approximately $1,000,000 per year.

Trinity has transactions with Tri-State, which relate primarily to the rental of office space and the purchase of employee time, which are not material. Net amounts due from Tri-State of approximately $214,000 and $311,000, respectively, at December 31, 2011 and 2010, are included in due from affiliates.

Trinity purchases management services from Trinity Health System. Trinity purchased approximately $4,629,400 and $4,428,000 of services in the years ended December 31, 2011 and 2010, respectively. Trinity had a payable to Trinity Health System of approximately $1,025,000 and $1,051,000 as of December 31, 2011 and 2010, respectively.

7. Retirement Plans

Trinity West participates with other affiliated organizations in the Sisters of St. Francis Lay Employees' Retirement Plan (the Sisters' Plan), which is a noncontributory defined benefit retirement plan covering eligible lay-employees. The Sisters' Plan provides for retirement and disability retirement benefits based on years of service and an employee's highest consecutive three-year average earnings. The Sisters and Trinity West intend that this will be a permanent plan for the exclusive benefit of its participants, the joint annuitants, and beneficiaries.

7. Retirement Plans (continued)

In addition, the Sisters and Trinity West intend, but do not guarantee, to make annual contributions to the fund, in an amount not less than the minimum requirements set forth in the actuary's valuation report for the applicable period of time.

The Sisters' Plan is accounted for as a multiemployer pension plan. Accordingly, Trinity West records its required contributions to the Sisters' Plan as net period pension expense. Participating employers contribute an amount equal to a percentage of projected covered compensation.

Trinity West recognized net periodic pension expense of $3,963,205 and $3,938,580 for the years ended December 31, 2011 and 2010, respectively, based on amounts funded to the Sisters' Plan. The projected benefit obligation and accumulated benefit obligation of the Sisters' Plan exceeded the fair value of plan assets by $166.1 million and $110.1 million, respectively, at December 31, 2011, using a weighted-average discount rate of 5.67%, an expected long-term rate of return on plan assets of 8%, and an expected rate of compensation increase of 4.5%.

Trinity East has three defined benefit pension plans. Benefits under the pension plans are generally based on years of service and the employees' average annual compensation in five of the last ten years prior to retirement in which such earnings are the highest. Trinity East funds at least the amount necessary to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Code.

Included in unrestricted net assets at December 31, 2011, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized actuarial loss of $22,442,389 and unrecognized net prior service cost of $3,686. The actuarial loss and prior service cost expected to be recognized during the year ending December 31, 2012, is $1,343,200 and $1,602, respectively.

7. Retirement Plans (continued)

The table below sets forth the change in the plan assets and benefit obligation of the Trinity East pension for the years ended December 31, 2011 and 2010. The table also reflects the funded status of the plans.

	Trinity East Pension Benefits	
	2011	**2010**
Change in projected benefit obligation		
Benefit obligation at beginning of year	**$ 48,831,398**	$ 43,202,605
Service cost	**910,739**	841,994
Interest cost	**2,554,831**	2,490,227
Actuarial loss	**5,040,680**	4,047,496
Benefits paid	**(1,859,529)**	(1,750,924)
Projected benefit obligation at end of year	**55,478,119**	48,831,398
Change in plan assets		
Fair value of plan assets at beginning of year	**35,805,835**	31,058,717
Actual return on plan assets	**268,555**	3,673,042
Employer contributions	**2,445,000**	2,825,000
Benefits paid	**(1,859,529)**	(1,750,924)
Fair value of plan assets at end of year	**36,659,861**	35,805,835
Funded status and accrued costs	**$ (18,818,258)**	$ (13,025,563)

Accrued pension and other benefits costs are included in retirement benefits payable at December 31, 2011 and 2010.

The accumulated benefit obligation for all Trinity East pension plans was $53,162,351 and $46,685,621 at December 31, 2011 and 2010, respectively.

The Trinity East plan assets are invested in an actively managed portfolio that integrates asset allocation strategies across equity and debt markets within the United States. The portfolio objectives are long-term growth balanced with moderate variability with an expected shift to assets to a more fixed income allocation as the plan population ages and nears retirement. The use of an appropriate asset management policy combines the various asset pools to ensure flexibility and to adapt to the changing retirement needs of the plan participants. The plan's objective is to have 45% to 65% invested in equities and 30% to 50% invested in fixed income

7. Retirement Plans (continued)

securities. For the long-term, the primary investment objectives for the portfolio is to earn the highest possible total return consistent with prudent levels of risk. The primary objective overall is to enable the three pension plans to meet their future obligations for employee retirement.

The weighted-average asset allocations by asset category of the Trinity East plans, are as follows:

	December 31	
	2011	**2010**
Asset category:		
Equity securities	**44%**	59%
Debt securities	**45**	41
Cash and cash equivalents	**11**	–
Total	**100%**	100%

The following table summarizes Trinity's pension assets measured at fair value on a recurring basis as of December 31, 2011 and 2010, aggregated by the level in the fair value hierarchy within which those measurements are determined:

		Fair Value Measurement at December 31, 2011, Using:		
	Total Fair Value Measurement at December 31, 2011	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Cash equivalents	**$ 5,221,587**	**$ 5,221,587**	**$ –**	**$ –**
U.S. government and agency obligations	**9,409,588**	**–**	**9,409,588**	**–**
Equities:				
International	**3,942,636**	**3,942,636**	**–**	**–**
Corporate bonds:				
Domestic	**5,460,331**	**–**	**5,460,331**	**–**
International	**421,006**	**–**	**421,006**	**–**
Mutual funds:				
Domestic	**12,204,713**	**12,204,713**	**–**	**–**
Total	**$ 36,659,861**	**$ 21,368,936**	**$ 15,290,925**	**$ –**

7. Retirement Plans (continued)

	Total Fair Value Measurement at December 31, 2010	Fair Value Measurement at December 31, 2010, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	$ 1,447,808	$ 1,447,808	$ –	$ –
U.S. government and agency obligations	9,570,692	–	9,570,692	–
Equities:				
International	4,448,771	4,448,771	–	–
Corporate bonds:				
Domestic	3,696,855	–	3,696,855	–
International	120,339	–	120,339	–
Mutual funds:				
Domestic	16,521,370	16,521,370	–	–
Total	$ 35,805,835	$ 22,417,949	$ 13,387,886	$ –

Trinity East expects to contribute approximately $2,520,000 to its pension plans in fiscal 2012.

The following pension benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the Trinity East pension plans during the year ending December 31:

	Pension Benefits
2012	$ 2,142,423
2013	2,227,775
2014	2,329,665
2015	2,459,731
2016	2,637,760
2017–2021	16,244,572

7. Retirement Plans (continued)

The components of net periodic benefit cost for Trinity East's pension benefit plans were as follows:

	Year Ended December 31	
	2011	**2010**
Service cost	**$ 910,739**	$ 841,994
Interest cost	**2,554,831**	2,490,227
Expected return on plan assets	**(3,017,633)**	(2,909,949)
Recognized net actuarial loss	**844,058**	425,127
Amortization of prior service cost	**1,602**	1,602
Net periodic benefit cost	**$ 1,293,597**	$ 849,001

Actuarial assumptions for the plans are as follows:

	2011	**2010**
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31:		
Discount rate	**4.60%**	5.35%
Expected long-term rate of return on plan assets	**8.00%**	8.25%
Expected rate of compensation increase	**3.00%**	3.00%
Weighted-average assumptions used to determine benefit obligations at December 31:		
Discount rate	**5.35%**	5.90%
Rate of compensation increase	**3.00%**	3.00%

In selecting the expected long-term return on plan assets, Trinity East plans considered the average rate of earnings on the funds invested or to be invested to provide for the benefits of these plans. This included considering the asset allocation and the expected returns likely to be earned over the life of the plans. This basis is consistent with the prior year.

7. Retirement Plans (continued)

Trinity has supplemental pension and welfare agreements with certain key executives, which provide for fixed payments at the date of retirement, death, or disability and lump-sum life insurance benefits. Trinity is providing for these benefits over the estimated term of employment of the employees to age 65. The present value of these benefits of approximately $701,000 and $712,000 at December 31, 2011 and 2010, respectively, has been included in the consolidated statements of financial position as long-term retirement benefits payable. Approximately $6,900 and $13,000 was charged to expense for these benefits for the years ended December 31, 2011 and 2010, respectively. Trinity has purchased life insurance contracts on certain employees, which upon the death of the employee, may be used to fund the supplemental pension and welfare arrangements with the key executives.

8. Commitments and Contingencies

Trinity is party to several lawsuits incidental to its operations. It is not possible at the present time to estimate legal and financial liability, if any, of Trinity with respect to such lawsuits. In the opinion of management, after consultation with legal counsel, adequate insurance exists to cover significant financial exposure, in the event there is any, to Trinity. Accordingly, in the opinion of management, resolution of those matters is not expected to have a material adverse effect on the consolidated financial position.

Accounting Standards Codification (ASC) Topic 410, *Asset Retirement and Environmental Obligations*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Trinity has considered ASC Topic 410, specifically, as it relates to its legal obligations to perform asset retirement activities, such as asbestos removal, on its existing properties. Management of Trinity believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which Trinity may settle the obligations is unknown and cannot be estimated. As a result, as of December 31, 2011 and 2010, Trinity cannot reasonably estimate a liability related to these potential asset retirement activities.

9. Functional Expenses

Trinity provides general health care services to residents within its geographic location, including psychiatric care and outpatient surgery. Expenses related to providing these services by functional classification are as follows:

	Year Ended December 31	
	2011	**2010**
Health care services	**$ 158,101,319**	$ 147,648,688
Management and general	**22,283,409**	22,386,331
	$ 180,384,728	$ 170,035,019

10. Leases

Trinity has operating leases for rental of office space and equipment with cancelable and noncancelable lease terms. Rental expense for 2011 and 2010 was approximately $1,881,000 and $1,514,000, respectively, and is included in purchased services, utilities, and other in the consolidated statements of operations and changes in net assets.

Minimum rental commitments for future years are as follows:

2012	$ 1,623,000
2013	1,581,000
2014	1,244,000
2015	960,000
2016	813,000

11. Fair Value of Financial Instruments

The following methods and assumptions were used by Trinity in estimating its fair value disclosures for financial instruments at December 31, 2011 and 2010:

Cash and Cash Equivalents: The carrying amount approximates fair value.

Board-Designated Funds, Foundation Investments, and Other Investments: The fair values for these assets whose use is limited are based upon quoted market prices.

Trustee-Held Funds: The carrying amount for trustee-held funds approximates its fair value.

Long-Term Debt: The fair value of Trinity's debt is estimated using discounted cash flow analyses, based on Trinity's incremental borrowing rate for debt instruments with comparable maturities.

The carrying amounts and the fair values of Trinity's financial instruments are as follows:

	December 31			
	2011		2010	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and cash equivalents	**$ 11,326,721**	**$ 11,326,721**	$ 6,687,146	$ 6,687,146
Assets whose use is limited:				
Board-designated funds	**66,741,491**	**66,741,491**	61,759,225	61,759,225
Trustee-held funds	**4,444,739**	**4,444,739**	4,305,652	4,305,652
Other investments	**1,391,577**	**1,391,577**	1,377,711	1,377,711
Long-term debt:				
Series 2010 Bonds	**42,540,000**	**41,763,881**	43,930,000	40,728,302
Capital lease obligations	**836,155**	**836,155**	–	–

12. Endowment

Trinity's endowment consists of two individual funds established for a variety of purposes. The endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. Trinity has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Trinity classifies as permanently net restricted assets (a) the original value of gifts donated to the permanent endowment, and (b) the original value of subsequent gifts to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, Trinity considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

1. The duration and preservation of the fund
2. The purposes of Trinity and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of Trinity
7. The investment policies of Trinity

Trinity has its investment and spending policies for endowment assets such that it attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that Trinity must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce a return, net of inflation, and investment management costs over the long term. Actual returns in any given year may vary.

12. Endowment (continued)

To satisfy its long-term rate-of-return objectives, Trinity relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Trinity targets a diversified asset allocation that places a greater emphasis on equity-based and fixed income investments to achieve its long-term objective within prudent risk constraints.

Trinity records the annual income of the endowment as temporarily restricted and appropriated for expenditure upon meeting donor stipulations. In establishing this policy, Trinity considered the long-term expected return on its endowment. This is consistent with the organization's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term.

Trinity has a policy of appropriating for distribution each year all earnings on the endowed funds.

At December 31, 2011 and 2010, respectively, the endowment net asset composition by type of fund consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
December 31, 2011				
Donor-restricted funds	**$ –**	**$ –**	**$ 743,000**	**$ 743,000**
December 31, 2010				
Donor-restricted funds	$ –	$ –	$ 743,000	$ 743,000

12. Endowment (continued)

Changes in the endowment net assets for the fiscal years ended December 31, 2011 and 2010, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, January 1, 2010	$ (53,218)	$ –	$ 743,000	$ 689,782
Investment return:				
Investment income	31,173	–	–	31,173
Net appreciation (realized and unrealized)	37,000	–	–	37,000
Total investment return	68,173	–	–	68,173
Appropriation of endowment assets for expenditure	(14,955)	–	–	(14,955)
Endowment net assets, December 31, 2010	–	–	743,000	743,000
Investment return:				
Investment income	**33,827**	–	–	**33,827**
Net depreciation (realized and unrealized)	**(30,000)**	–	–	**(30,000)**
Total investment return	**3,827**	–	–	**3,827**
Appropriation of endowment assets for expenditure	**(3,827)**	–	–	**(3,827)**
Endowment net assets, December 31, 2011	**$ –**	**$ –**	**$ 743,000**	**$ 743,000**

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 152,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com.