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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
TRINITY HEALTH & AFFILIATES

Doing Business As

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

City or town, state or country, and ZIP + 4
MINOT, ND 587025020

D Employer identification number
33-1007002

E Telephone number
(701) 857-5160

G Gross receipts $ 300,375,688

F Name and address of principal officer
JOHN M KUTCH
PO BOX 5020
MINOT, ND 587025020

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 ▶ 3904

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

J Website: ▶ WWW TRINITYHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MEETING THE NEEDS OF THE WHOLE PERSON THROUGH QUALITY HEALTH CARE AND HEALTH RELATED SERVICES

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)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	314
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,491,949
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,237,788	2,311,018
	9 Program service revenue (Part VIII, line 2g)	242,014,918	289,982,315
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,356,665	1,021,896
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,049	6,040,222
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,993,420	299,355,451
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	417,669	574,174
	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)	112,977,769	119,323,020
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶579,086		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	125,096,428	153,472,521
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	238,491,866	273,369,715
	19 Revenue less expenses Subtract line 18 from line 12	7,501,554	25,985,736

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	508,339,689	569,541,785
	21 Total liabilities (Part X, line 26)	274,590,263	309,204,107
	22 Net assets or fund balances Subtract line 21 from line 20	233,749,426	260,337,678

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

****** | 2013-05-15
Signature of officer | Date

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
KOREY BOELTER		☐	P00775161

Firm's name (or yours if self-employed), address, and ZIP + 4
CLIFTONLARSONALLEN LLP
220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402

EIN ▶ 41-0746749

Phone no ▶ (612) 376-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TRINITY HEALTH IS COMMITTED TO PRESERVING AND IMPROVING THE QUALITY OF HEALTH OF THE PEOPLE WE SERVE OUR MISSION IS TO EXCEL AT MEETING THE NEEDS OF THE WHOLE PERSON THROUGH THE PROVISION OF QUALITY HEALTH CARE AND HEALTH RELATED SERVICES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 145,199,097 including grants of $ 574,174) (Revenue $ 142,286,571)

TRINITY HEALTH & AFFILIATES PROVIDES HOSPITAL SERVICES TO CENTRAL AND NORTHWEST NORTH DAKOTA AND NORTHEASTERN MONTANA TRINITY HOSPITALS IS THE LARGEST HOSPITAL PROVIDER IN NORTHWEST NORTH DAKOTA, WITH AN ACUTE CARE FACILITY WHICH IS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 2 TRAUMA CENTER THE FACILITY ALSO INCLUDES A NEONATAL INTENSIVE CARE UNIT, A KIDNEY DIALYSIS UNIT, AN INPATIENT REHABILITATION CENTER, AND INPATIENT PSYCHIATRIC UNIT AND A COMPREHENSIVE COMPLIMENT OF BOTH ACUTE CARE AND OUTPATIENT SERVICES ALONG WITH A SKILLED NURSING HOME FACILITY AND A CRITICAL ACCESS HOSPITAL IN KENMARE TRINITY PROVIDED COMMUNITY EDUCATION PROGRAMS AND EVENTS, SCREENINGS AND SUPPORT OF UND FAMILY MEDICINE

4b (Code) (Expenses $ 24,387,501 including grants of $ 0) (Revenue $ 74,682,853)

TRINITY HOSPITALS PHARMACY DEPARTMENT PROVIDES COMPREHENSIVE PHARMACEUTICAL SERVICES 24 HOURS PER DAY TO PROVIDERS AND PATIENTS THROUGH INVESTMENTS IN TECHNOLOGY, OUR MEDICATION MANAGEMENT PROCESS ENSURES THE SAFE AND EFFECTIVE ADMINISTRATION AND MONITORING OF ALL MEDICATIONS IN ADDITION TO PROVIDING MEDICATIONS AND RELATED SUPPLIES, THE PHARMACY PROVIDES DRUG INFORMATION TO PATIENTS AND HEALTHCARE PROVIDERS, DOSING AND PHARMACOKENETIC SERVICES, ADVERSE DRUG REACTION MONITORING, DRUG-DRUG AND DRUG-FOOD INTERACTION OF INFORMATION, DRUG COMPATABILITIES, TOXICOLOGY AND ANTURAL PRODUCT INFORMATION SERVICES RANGE FROM MEDICATION DISPENSING TO PERFORMING COMPLEX PHARMACOKINETIC CALCLUATIONS AND COMPOUNDING SPECIALIZED NUTRITION SOLUTIONS, CHEMOTHERAPY AND BIOLOGICAL REGIMENS THE PHARMACY DEPARTMENT ALSO PARTICIPATED IN FMEA (FAILURE MODE EFFECT ANALYSIS) AND ROOT CAUSE ANALYSIS IN COOPERATION WITH OTHER DEPARTMENTS RETROSPECTIVE AND CONCURRENT CHART REVIEWS ARE CONDUCTED TO ASSESS TIMELINESS AND APPROPRIATENESS OF THERAPY, AS WELL AS HOW WELL THE PATIENTS' NEEDS ARE BEING MET

4c (Code) (Expenses $ 20,229,749 including grants of $ 0) (Revenue $ 17,825,049)

TRINITY HOMES IS A 292 BED HOSPITAL BASED SKILLED NURSING FACILITY PARTICIPATING IN MEDICARE AND MEDICAID PROGRAMS RESIDENTS OF TRINITY HOMES, UNDER THE DIRECTION OF THEIR PHYSICIAN, ARE ABLE TO RECEIVE SKILLED NURSING CARE, PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, DIETETIC SERVICES, SOCIAL SERVICE AND ACTIVITIES OF DAILY LIVING ASSISTANCE, SPIRITUAL CARE AND RECREATIONAL ACTIVITIES

(Code) (Expenses $ 10,617,572 including grants of $ 0) (Revenue $ 55,187,842)

TRINITY HOSPITALS LABORATORY IS STAFFED 24/7, 365 DAYS A YEAR TO SERVE HOSPITAL, CLINIC AND OUTREACH PATIENTS OUR PURPOSE IS TO PROVIDE LABORATORY TESTING TO AID THE PROVIDER IN DIAGNOSIS, TREATMENT, AND FOLLOW-UP OF DISEASE AND WELLNESS WE PROVIDE ROUTINE TESTING FREE OF CHARGE TO THE COMMUNITY "FREE CLINIC", HAVE DONE PSA SCREENINGS AT THE NORTH DAKOTA STATE FARE, AND DO SOME SCREENING TESTS FOR COMPANIES IN TOWN WE HAVE PHLEBOTOMIST WHO GOES TO ASSISTED LIVING FACILITIES, NURSING HOMES, AND PRIVATE HOMES TO DRAW BLOOD

4d Other program services (Describe in Schedule O)

(Expenses $ 10,617,572 including grants of $) (Revenue $ 55,187,842)

4e **Total program service expenses** ▶ $ 200,433,919

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
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	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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**	Yes	

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**	2		
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**		
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**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**		
	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**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**		No
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**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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 . . . . . ☑

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

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		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶

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

☐ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

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

MAX OWENS
PO BOX 5020
MINOT, ND 58702
(701) 857-5160

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 . . . . . ☑

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former 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) PATRICK HOLIEN CHAIRMAN	2 00	X		X				0	0	0
(2) TIMOTHY MIHALICK VICE CHAIRMAN	2 00	X		X				0	0	0
(3) BLAINE DESLAURIERS TREASURER	2 00	X		X				0	0	0
(4) KAREN KREBSBACH SECRETARY	2 00	X		X				0	0	0
(5) DAVID FULLER DIRECTOR	2 00	X						0	0	0
(6) CLARA SUE PRICE DIRECTOR	2 00	X						0	0	0
(7) MARTIN ROTHBERG MD DIRECTOR	40 00	X						0	802,667	34,771
(8) KEVIN COLLINS MD DIRECTOR	40 00	X						0	969,732	42,143
(9) BORGI BEELER DIRECTOR	2 00	X						0	0	0
(10) JOHN COUGHLIN DIRECTOR	2 00	X						0	0	0
(11) STEVEN LYSNE DIRECTOR	2 00	X						0	0	0
(12) DARYL SOMERVILLE DIRECTOR	2 00	X						0	0	0
(13) JOHN M KUTCH PRESIDENT/CEO	40 00	X		X				0	402,846	33,280
(14) ALISON REPNOW ASSISTANT SECRETARY	40 00			X				0	41,349	5,962
(15) KEVIN SEEHAFER CFO (THRU OCTOBER 2011)	40 00			X				0	213,072	29,773
(16) RANDY SCHWAN VICE PRESIDENT	40 00				X			0	160,940	23,895
(17) PAUL SIMONSON VICE PRESIDENT	40 00				X			0	222,648	32,922

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) THOMAS WARSOCKI VICE PRESIDENT	40 00				X			0	151,996	25,850
(19) DAVE KOHLMAN VICE PRESIDENT	40 00				X			0	160,640	26,327
(20) JOHN SHEENAN MD FORMER DIRECTOR	40 00						X	0	141,676	32,869
(21) JEFFREY VERHEY MD FORMER DIRECTOR	40 00						X	0	520,810	42,143

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	0	3,788,376	329,935

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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	32,581			
	d	Related organizations	1d	25,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,253,437			
	g	Noncash contributions included in lines 1a-1f $ 5,345					
	h	**Total.** Add lines 1a-1f		2,311,018			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	621110	286,563,827	286,563,827		
	b	DIETARY SERVICES	722320	1,711,107		371,780	1,339,327
	c	ADMINISTRATIVE SERVICE	561000	621,200		621,200	
	d	OTHER PATIENT SERVICES	621110	587,212	587,212		
	e	LABORATORY SERVICES	621500	356,615		356,615	
	f	All other program service revenue		142,354		142,354	
	g	**Total.** Add lines 2a–2f		289,982,315			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		449,287			449,287
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	49,826				
	b	Less rental expenses	38,801				
	c	Rental income or (loss)	11,025				
	d	Net rental income or (loss)			11,025		11,025
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		1,542,543			
	b	Less cost or other basis and sales expenses		969,934			
	c	Gain or (loss)		572,609			
	d	Net gain or (loss)			572,609		572,609
	8a	Gross income from fundraising events (not including $ 32,581 of contributions reported on line 1c) See Part IV, line 18	a	17,133			
	b	Less direct expenses	b	11,502			
	c	Net income or (loss) from fundraising events			5,631		5,631
	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	FLOOD RECOVERY FUNDS	900099	5,559,023			5,559,023
	b	VENDOR REBATES	900099	464,543			464,543
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		6,023,566			
	12	**Total revenue.** See Instructions		299,355,451	287,151,039	1,491,949	8,401,445

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	80,570	80,570		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	493,604	493,604		
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				
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	99,219,062	73,462,628	25,673,942	82,492
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,943,539	3,321,374	1,619,095	3,070
9	Other employee benefits	8,251,579	6,457,655	1,778,354	15,570
10	Payroll taxes	6,908,840	5,111,180	1,791,752	5,908
11	Fees for services (non-employees)				
a	Management				
b	Legal	451,806	13,093	438,713	
c	Accounting	159,333		159,333	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	31,847,384	16,992,990	14,816,897	37,497
12	Advertising and promotion	3,890,605	1,272,469	2,613,716	4,420
13	Office expenses	9,123,804	3,407,166	5,325,694	390,944
14	Information technology	532,399	367,499	164,900	
15	Royalties . .				
16	Occupancy	8,395,177	4,889,982	3,505,195	
17	Travel	190,294	139,426	50,868	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	380,876	172,855	207,361	660
20	Interest	4,185,713	89,474	4,054,388	41,851
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,151,174	3,492,655	7,657,988	531
23	Insurance	846,783	63,454	783,329	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES / DRUG	45,362,726	45,111,351	251,375	
b	BAD DEBT EXPENSE	35,113,936	35,117,803		-3,867
c	DUES & FEES	1,583,142	238,005	1,345,127	10
d	BOOKS & SUBSCRIPTIONS	181,675	99,450	82,225	
e					
f	All other expenses	75,694	39,236	36,458	
25	**Total functional expenses.** Add lines 1 through 24f	273,369,715	200,433,919	72,356,710	579,086
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		19,917,936	1	6,811,547
	2	Savings and temporary cash investments		1,425,844	2	4,921,844
	3	Pledges and grants receivable, net		35,465	3	4,420
	4	Accounts receivable, net		398,360,380	4	77,468,571
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		550,182	7	662,488
	8	Inventories for sale or use		6,225,426	8	7,105,650
	9	Prepaid expenses and deferred charges		2,748,412	9	2,099,290
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 219,008,431			
	b	Less accumulated depreciation	10b 147,387,770	62,292,807	10c	71,620,661
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		12,212,523	12	12,138,104
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,570,714	15	386,709,210
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		508,339,689	16	569,541,785
Liabilities	17	Accounts payable and accrued expenses		41,440,652	17	50,504,887
	18	Grants payable			18	
	19	Deferred revenue			19	144,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		22,455	21	29,574
	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	4,200,846
	24	Unsecured notes and loans payable to unrelated third parties		981,285	24	58,607
	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		232,145,871	25	254,266,193
	26	**Total liabilities.** Add lines 17 through 25		274,590,263	26	309,204,107
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		228,808,953	27	252,711,681
	28	Temporarily restricted net assets		4,845,422	28	7,515,013
	29	Permanently restricted net assets		95,051	29	110,984
		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		233,749,426	33	260,337,678
	34	Total liabilities and net assets/fund balances		508,339,689	34	569,541,785

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	299,355,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	273,369,715
3	Revenue less expenses Subtract line 2 from line 1	3	25,985,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	233,749,426
5	Other changes in net assets or fund balances (explain in Schedule O)	5	602,516
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	260,337,678

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 ☑ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 ☑ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

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

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

1 ☐ A church, convention of churches, or association of churches **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 331/3% 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 331/3% 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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 IRC 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 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 for 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 the 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 IRC 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 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION THE PUBLIC CHARITY STATUS AS IDENTIFIED IN EACH OF THE CORPORATION'S DETERMINATION LETTER ARE AS FOLLOWS TRINITY HOSPITALS - LINE 3, SECTION 170(B)(1)(A)(III) TRINITY KENMARE HOSPITAL - LINE 3, SECTION 170(B)(1)(A)(III) TRINITY HOMES - LINE 9, 509(A)(2) TRINITY HEALTH FOUNDATION - LINE 11, 509(A)(3)

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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, line 35c (Proxy Tax), then

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

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

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 on behalf of or in opposition to candidates for public office 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 funtion 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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f 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 non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		46,049
j	Total lines 1c through 1i			46,049
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	LOBBYING ACTIVITIES CONSIST OF A PORTION OF OUR ANNUAL MEMBERSHIP DUES IDENTIFIED UPON RENEWAL AS ASSOCIATED WITH LOBBYING ACTIVITY ASSOCIATIONS INCLUDE NORTH DAKOTA HEALTHCARE ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, NORTH DAKOTA LONG TERM CARE ASSOCIATION, NATIONAL HOSPICE ASSOCATION, HEALTH POLICY CONSORTIUM, AND SECTION 508 HOSPITAL COALITION

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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, 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 & AFFILIATES

Employer identification number
33-1007002

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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	259,075
d Additions during the year	1d	13,909
e Distributions during the year	1e	2,135
f Ending balance	1f	270,849

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	95,051	95,145	305,323	313,288	
b Contributions					
c Investment earnings or losses	7,202	3,902	-214,179	-5,031	
d Grants or scholarships		3,693	4,001	2,934	
e Other expenditures for facilities and programs		303			
f Administrative expenses					
g End of year balance	102,253	95,051	95,145	305,232	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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		2,155,215		2,155,215
b Buildings		44,142,215	23,432,235	20,709,980
c Leasehold improvements		19,447	19,447	0
d Equipment		163,594,551	123,936,088	39,658,463
e Other		9,097,003		9,097,003
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				71,620,661

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN UMCSC UNIT	50,000
(2) DUE FROM AFFILIATES	386,659,210
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	386,709,210

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	248,289,418
ESTIMATED 3RD PARTY SETTLEMENTS	5,976,775
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	254,266,193

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	299,355,451
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	273,369,715
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,985,736
4	Net unrealized gains (losses) on investments	4	-571,088
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	2,402,316
8	Other (Describe in Part XIV)	8	-1,228,712
9	Total adjustments (net) Add lines 4 - 8	9	602,516
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,588,252

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 should 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 should 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, 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

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	TO PROVIDE PUBLIC EDUCATION FOR HOSPICE CARE
	PART IV, LINE 2B	RESIDENT TRUST FUNDS ARE RESIDENT FUNDS HELD BY TRINITY HOMES THESE FUNDS ARE TRACKED SEPARATELY FROM THE ORGANIZATIONS AND ARE HELD IN A SEPARATE BANK ACCOUNT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE FUNDS FOR STAFF EDUCATION AND SCHOLARSHIPS AND FOR THE PURCHASE OF NEW EQUIPMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TRINITY HEALTH AND THE FOLLOWING SUBSIDIARIES, TRINITY HOSPITALS, TRINITY HOMES, TRINITY HEALTH FOUNDATION, TRINITY KENMARE HOSPITAL AND COMMUNITY ABMULANCE SERVICE HAVE ALL BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC ALL UNRELATED BUSINESS INCOME GENERATED BY TRINITY IS SUBJECT TO FEDERAL INCOME TAX UNDER 511 OF THE IRC TRINITY'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS, AND OTHER EVIDENCE IT IS THE OPINION OF MANAGEMENT THAT THE COMPANY HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION TRINITY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE YEARS 2009 TO 2011 ARE OPEN TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET ASSETS RELEASED FROM RESTRICTIONS -1,228,712

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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 & AFFILIATES

Employer identification number
33-1007002

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	49,714			49,714
	2 Less Charitable contributions	32,581			32,581
	3 Gross income (line 1 minus line 2)	17,133			17,133
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	4,306			4,306
	8 Entertainment	5,500			5,500
	9 Other direct expenses	1,696			1,696
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(11,502)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				5,631

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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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 Provide 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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076913

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 & AFFILIATES

Employer identification number
33-1007002

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients 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 is the FPG family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			2,137,527		2,137,527	0 900 %
b Medicaid (from Worksheet 3, column a)			17,530,061	17,193,830	336,231	0 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			19,667,588	17,193,830	2,473,758	1 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits						
k **Total.** Add lines 7d and 7j			19,667,588	17,193,830	2,473,758	1 040 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other	26	4,640	93,751		93,751	0 040 %
10	**Total**	26	4,640	93,751		93,751	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	35,117,803		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
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	70,816,039
6	Enter Medicare allowable costs of care relating to payments on line 5	6	58,997,794
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	11,818,245
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	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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? 3

	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 HOSPITAL ONE BURDICK EXPRESSWAY WEST MINOT, ND 58701	X	X		X			X		
2	TRINITY HOSPITAL ST JOSEPH'S 407 3RD STREET SE MINOT, ND 58701	X	X							
3	TRINITY KENMARE HOSPITAL PO BOX 697 KENMARE, ND 587460697	X				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)

TRINITY HOSPITAL

Name of Hospital Facility: _____

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 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 question 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 those 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon 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	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	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		No
	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 ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ 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)*

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**	Yes	
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 it's 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?	**20**		No
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 services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

TRINITY HOSPITAL ST JOSEPH'S

Name of Hospital Facility:

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 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 question 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 those 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon 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	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	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		No
	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 ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ 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)*

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**	Yes	
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 it's 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?	**20**		No
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 services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

TRINITY KENMARE HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 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 question 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 those 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
g ☐ Prioritization of health needs in the 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 together with 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 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon 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	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	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		No
	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 ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ 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)*

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**	Yes	
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 it's 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?	**20**		No
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 services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other 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 facilities did the organization operate during the tax year? **13**

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

Part VI Supplemental Information

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 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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

Identifier	ReturnReference	Explanation
		PART I, LINE 7 TRINITY'S COMMUNITY BENEFIT EXPENSES AND REVENUES WERE CALCULATED USING THE IRS WORKSHEETS PROVIDED IN THE INSTRUCTIONS TO THE 2011 FORM 990, SCHEDULE H

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) IN FURTHERANCE OF ITS CHARITABLE PURPOSE, TRINITY PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED SERVICE PROGRAMS SUCH AS FREE CLINICS, HEALTH SCREENINGS, IN-HOME CAREGIVER SERVICES, SOCIAL SERVICE AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, CRISIS INTERVENTION, TRANSPORTATION TO AND FROM THE HOSPITAL CAMPUSES, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, TELEPHONE INFORMATION SERVICES, AND COSTS RELATED TO PROGRAMS DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY THE COST OF PROVIDING THE ABOVE SERVICES IS NOT INCLUDED IN TRINITY'S CHARITY CARE AMOUNT TRINITY ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED CHARGE TO RESIDENTS OF ITS COMMUNITY THROUGH THE PROVISION OF CHARITY CARE INCLUDED IN TRINITY'S DEFINITION O CHARITY CARE ARE THE FOLLOWING (A) SERVICES PROVIDED TO THE UNINSURED OR UNDERINSURED AND (B) SERVICES PROVIDED TO PATIENTS EXPRESSING A WILLINGNESS TO PAY BUT WHO ARE DETERMINED TO BE UNABLE TO PAY BECAUSE OF SOCIOECONOMIC FACTORS TRINITY MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THOSE RECORDS INCLUDE THE AMONT OF CHARGES FOREGONE FOR CHARITY CARE AMOUNTS DO NOT INCLUDE THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS OR THE DIFFERENCE BETWEEN PUBLIC PROGRAM PAYMENTS (PRIMARILY MEDICARE AND MEDICAID) AND THE RELATED COSTS OF PROVIDING SUCH SERVICES TRINITY USES THE MEDICARE COST-TO-CHARGE RATIO TO DETERMINE THE AMOUNTS REPORTED ON LINES 2 AND 3

Identifier	ReturnReference	Explanation
		PART III, LINE 4 FROM THE NOTE 1, "PATIENT AND RESIDENT ACCOUNTS RECEIVABLE, NET" "PATIENT RECEIVABLES DUE DIRECTLY FROM PATIENTS ARE CARRIED AT THE ORIGINAL CHARGE FOR THE SERVICE PROVIDED LESS AMOUNTS COVERED BY THIRD-PARTY PAYORS AND LESS AN ESTIMATED ALLOWANCE FOR DOUBTFUL RECEIVABLES BASED ON A REVIEW OF ALL OUTSTANDING AMOUNTS ON A MONTHLY BASIS MANAGEMENT DETERMINES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BY IDENTIFYING TROUBLED ACCOUNTS, BY HISTORICAL EXPERIENCE APPLIED TO AN AGING OF ACCOUNTS AND BY CONSIDERING THE PATIENTS' FINANCIAL HISTORY, CREDIT HISTORY AND CURRENT ECONOMIC CONDITIONS AT JUNE 30, 2012, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WAS APPROXIMATELY $70,882,000 "PATIENT RECEIVABLES ARE WRITTEN OFF WHEN DEEMED UNCOLLECTIBLE RECOVERIES OF RECEIVABLES PREVIOUSLY WRITTEN OFF ARE RECORDED AS A RECOVERY OF BAD DEBT WHEN RECEIVED "

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IT IS THE POLICY OF TRINITY TO PROVIDE MEDICAL SERVICES TO THE COMMUNITY AND REGION REGARDLESS OF THE CUSTOMER'S ABILITY TO PAY THROUGH CONSISTENT BILLING PRACTICES ACCOUNTS WILL BE MONITORED TO ENSURE THAT CUSTOMERS ARE BILLED FOR ONLY THOSE SERVICES PROVIDED TRINITY, THROUGH VERIFICATION OF INFORMATION, IS REQUIRED TO PROVIDE TIMELY AND ACCURATE BILLING, COLLECTION, AND PATIENT ACCOUNT MAINTENANCE INFORMATION REGARDING TRINITY'S BILLING AND PAYMENT GUIDELINES, WHICH INCLUDES FINANCIAL ASSISTANCE PROGRAMS, ARE AVAILABLE AT REGISTRATION AND BUSINESS SERVICES LOCATIONS THIS INFORMATION IS COMMUNICATED VERBALLY OR THROUGH THE USE OF THE TRINITY BILLING & PAYMENT GUIDELINES BROCHURE TO ENHANCE VERBAL COMMUNICATIONS, INTERPRETERS ARE PROVIDED AS NECESSARY

Identifier	ReturnReference	Explanation
TRINITY HOSPITAL		PART V, SECTION B, LINE 13G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COPMLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

Identifier	ReturnReference	Explanation
TRINITY HOSPITAL ST JOSEPH'S		PART V, SECTION B, LINE 13G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COPMLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

Identifier	ReturnReference	Explanation
TRINITY KENMARE HOSPITAL		PART V, SECTION B, LINE 13G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COPMLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

Identifier	ReturnReference	Explanation
TRINITY HOSPITAL		PART V, SECTION B, LINE 19D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
TRINITY HOSPITAL ST JOSEPH'S		PART V, SECTION B, LINE 19D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
TRINITY KENMARE HOSPITAL		PART V, SECTION B, LINE 19D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 TRINITY HEALTH COMPLETES A THOROUGH COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, IN COMPLIANCE WITH SECTION 501(R) TRINITY'S FIRST COMMUNITY HEALTH NEEDS ASSESSMENT WILL BE COMPLETED BY JUNE 30, 2013

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 TRINITY POSTS NOTICE OF ITS FINANCIAL ASSISTANCE PROGRAM AND HOW A PATIENT MAY APPLY PATIENT ACCESS AND BUSINESS OFFICE STAFF ATTEMPT TO IDENTIFY ALL CASES THAT WILL QUALIFY FOR FINANCIAL ASSISTANCE AT THE TIME OF ADMISSION PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO COMPLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 IN FURTHERANCE OF ITS CHARITABLE PURPOSE, TRINITY PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED SERVICE PROGRAMS SUCH AS FREE CLINICS, HEALTH SCREENINGS, IN-HOME CAREGIVER SERVICES, SOCIAL SERVICE AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, CRISIS INTERVENTION, TRANSPORTATION TO AND FROM THE HOSPITAL CAMPUSES, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, TELEPHONE INFORMATION SERVICES, AND COSTS RELATED TO PROGRAMS DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 33-1007002
Name: TRINITY HEALTH & AFFILIATES

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

Section C. Other 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 facilities did the organization operate during the tax year? **13** Name and address	Type of Facility (Describe)
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
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TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME
TRINITY HOMES 305 8TH AVENUE NE MINOT, ND 58701	SKILLED NURSING HOME

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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 & AFFILIATES

Employer identification number
33-1007002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINOT FAMILY YMCA PO BOX 69 MINOT,ND 58702	45-0237612	501(C)(3)	50,000				FACILITY EXPANSION
(2) NORSK HOSTFEST ASSOCIATIONPO BOX 1347 MINOT,ND 58702	45-0353644	501(C)(3)	23,400				SPONSORSHIP
(3) NORTH DAKOTA STATE FAIRPO BOX 1796 MINOT,ND 58702	45-0215346	501(C)(3)	7,170				SPONSORSHIP

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) INDIVIDUAL GRANTS WERE GIVEN FOR HARDSHIPS AND FLOOD RELIEF	715	493,604			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 TRINITY HEALTH & AFFILIATES DOES NOT HAVE A PROCEDURE FOR MONITORING USE OF GRANT FUNDS

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH & AFFILIATES

Employer identification number
33-1007002

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
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**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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 Schedule J-1 if additional space 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, columns (D) and (E) 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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARTIN ROTHBERG MD	(i)	0	0	0	0	0	0	0
	(ii)	775,584	27,083	0	23,704	11,067	837,438	0
(2) KEVIN COLLINS MD	(i)	0	0	0	0	0	0	0
	(ii)	441,451	510,611	17,670	23,704	18,439	1,011,875	0
(3) JOHN M KUTCH	(i)	0	0	0	0	0	0	0
	(ii)	402,846	0	0	23,704	9,576	436,126	0
(4) KEVIN SEEHAFER	(i)	0	0	0	0	0	0	0
	(ii)	213,072	0	0	22,204	7,569	242,845	0
(5) RANDY SCHWAN	(i)	0	0	0	0	0	0	0
	(ii)	160,940	0	0	17,098	6,797	184,835	0
(6) PAUL SIMONSON	(i)	0	0	0	0	0	0	0
	(ii)	220,848	0	1,800	23,686	9,236	255,570	0
(7) THOMAS WARSOCKI	(i)	0	0	0	0	0	0	0
	(ii)	151,996	0	0	16,789	9,061	177,846	0
(8) DAVE KOHLMAN	(i)	0	0	0	0	0	0	0
	(ii)	159,289	0	1,351	17,243	9,084	186,967	0
(9) JOHN SHEENAN MD	(i)	0	0	0	0	0	0	0
	(ii)	137,309	0	4,367	14,973	17,896	174,545	0
(10) JEFFREY VERHEY MD	(i)	0	0	0	0	0	0	0
	(ii)	290,443	130,000	100,367	23,704	18,439	562,953	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRINITY HEALTH OWNS THEIR OWN AIRPLANE AND DURING FY 2012 OFFICERS USED THIS PLANE FOR BUSINESS USE TRAVEL BECAUSE THE USE WAS RESTRICTED FOR BUSINESS THIS DID NOT EFFECT THE OFFICER'S COMPENSATION
SUPPLEMENTAL INFORMATION	PART III	JOHN KUTCH, PRESIDENT/CEO, IS COMPENSATED BY TRINITY HEALTH, A RELATED ORGANIZATION TRINITY HEALTH USES THE FOLLOWING METHODS TO DETERMINE THE COMPENSATION FOR JOHN 1 COMPENSATION COMMITTEE 2 INDEPENDENT COMPENSATION CONSULTANT 3 FORM 990 OF OTHER ORGANIZATIONS 4 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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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 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 & AFFILIATES

Employer identification number
33-1007002

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSISTE OF THE BOARD OF DIRECTORS CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER, AND ONE ADDITIONAL MEMBER OF THE BOARD OF DIRECTORS ELECTED BY THE BOARD OF DIRECTORS AT ITS FIRST MEETING AFTER ITS ELECTION THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF CORPORATION DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OF DIRECTORS AND WITH THE UNDERSTANDING THAT ALL MATTERS OF MAJOR IMPORTANCE WILL BE REFERRED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	TRINITY HEALTH SHALL BE THE SOLE MEMBER OF EACH CORPORATION INCLUDED IN THIS GROUP RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AT EACH ANNUAL MEETING, THE SOLE MEMBER TRINITY HEALTH, SHALL APPOINT THE BOARD OF DIRECTORS AT LEAST SEVEN OF THE BOARD OF DIRECTORS SHALL ALSO SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF TRINITY HEALTH IN THE BYLAWS OF TRINITY HEALTH FOUNDATION, THIS OVERLAP ONLY NEEDS TO BE THREE ANY DIRECTOR WHO IS, AT THE TIME OF ELECTION, A MEMBER OF THE BOARD OF DIRECTORS OF TRINITY HEALTH SUBSEQUENTLY CEASES TO BE A MEMBER OF SUCH BOARD SHALL AUTOMATICALLY BECOME DISQUALIFIED FROM SERVING AS A DIRECTOR OF THE AFFILIATES' BOARD AND REPLACED WITH ANOTHER BOARD MEMBER CURRENTLY SERVING ON THE BOARD OF TRINITY HEALTH, UNLESS THERE ARE AT LEAST A MINIMUM OF SEVEN (OR THREE IN THE CASE OF TRINITY HEALTH FOUNDATION) OTHER BOARD MEMBERS CURRENTLY SERVING AS A DIRECTOR OF TRINITY HEALTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING POWERS SHALL BE RESERVED EXCLUSIVELY TO THE SOLE MEMBER, TRINITY HEALTH (A) THE RIGHT TO APPROVE THE APPOINTMENT OF OFFICERS OF CORPORATION, (B) THE RIGHT TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OF CORPORATION OR THESE BYLAWS, (C) THE RIGHT TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF CORPORATION, (D) THE RIGHT TO APPROVE THE SELECTION OF AUDITORS AND LEGAL COUNSEL FOR CORPORATION, (E) THE RIGHT TO APPROVE ANY STRATEGIC PLANS ADOPTED BY CORPORATION, (F) THE RIGHT TO APPROVE ANY UNBUDGETED BORROWING, ANY ENCUMBRANCE OF ASSETS, AND ANY EXPENDITURES FOR CAPITAL IMPROVEMENTS WHERE THE AMOUNT EXCEEDS FIVE PERCENT OF THE CAPITAL BUDGET PREVIOUSLY APPROVED BY MEMBER, (G) THE RIGHT TO CHANGE THE NUMBER OF DIRECTORS OF THE BOARD OF DIRECTORS OF CORPORATION, AND (H) THE RIGHT TO APPROVE ANY ACTION OF CORPORATION THAT IS NOT IN THE ORDINARY COURSE OF THE CORPORATION'S BUSINESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO BEING FILED WITH THE IRS, A COPY OF THE FORM 990 IS EMAILED TO THE GOVERNING BODY OF TRINITY HEALTH & AFFILIATES FOR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL SALARIED EMPLOYEES (AT MANAGER LEVEL AND ABOVE AS DETERMINED BY TRINITY) AND SUCH OTHER EMPLOYEES AS FROM TIME TO TIME MAY BE DIRECTED TO DO SO, ARE REQUIRED TO COMPLETE TRINITY HEALTH'S CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS ANY EMPLOYEE WHO HAS ASSUMED, OR IS ABOUT TO ASSUME, A FINANCIAL OR OTHER INTEREST OR RELATIONSHIP THAT MIGHT INVOLVE A CONFLICT OF INTEREST MUST IMMEDIATELY INFORM HIS/HER SUPERVISOR, A MEMBER OF THE COMPLIANCE COMMITTEE, OR THE COMPLIANCE OFFICER ISSUES INVOLVING CONFLICT OF INTEREST SHALL BE REVIEWED AND A DETERMINATION OF EACH SHALL BE MADE BY THE TRINITY COMPLIANCE COMMITTEE IF A CONFLICT EXISTS, THE CONFLICTED PERSON MUST ABSTAIN FROM DISCUSSION OF AND VOTING ON THE CONFLICTED TOPIC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ON OUR WEBSITE WWW TRINITYHEALTH ORG WE LIST OUR BOARD OF DIRECTORS, MISSION, VISION, VALUES AND OUR ANNUAL REPORT WHICH INCLUDES FINANCIAL INFORMATION THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
BOARD OVERLAP	FORM 990, PART VII, SECTION A	ALL OF THE BOARD MEMBERS OF TRINITY HEALTH & AFFILIATES, ALSO SERVE ON THE BOARD OF DIRECTORS FOR TRINITY HEALTH, A RELATED ORGANIZATION EACH BOARD MEMBER SERVES AN AVERAGE OF 2 HOURS PER WEEK SERVING ALL ORGANIZATIONS JOHN KUTCH, PRESIDENT/CEO OF TRINITY HEALTH & AFFILIATES, ALSO SERVES AS THE PRESIDENT/CEO FOR TRINITY HEALTH, A RELATED ORGANIZATION ON AVERAGE, JOHN KUTCH WORKS 40 HOURS PER WEEK SERVING ALL ORGANIZATIONS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -571,088 PRIOR PERIOD ADJUSTMENTS 2,402,316 NET ASSETS RELEASED FROM RESTRICTIONS -1,228,712 TOTAL TO FORM 990, PART XI, LINE 5 602,516

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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 & AFFILIATES

Employer identification number
33-1007002

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on 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" on 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 organization	
						Yes	No
(1) COMMUNITY AMBULANCE SERVICE OF MINOT INC 305 11TH AVENUE SW MINOT, ND 58701 45-0363593	AMBULANCE SERVICES	ND	501(C)(3)	LINE 11A, I	TRINITY HEALTH		No

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

(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MEDICAL ARTS OUTPATIENT SERVICES INC 400 BURDICK EXPRESSWAY EAST MINOT, ND 58701 45-0278212	RETAIL PHARMACY & DURABLE MEDICAL EQUIPMENT	ND	TRINITY HOSPITALS	C	11,679,074	6,152,277	100 000 %
(2) B&B DRUG INC 20 BURDICK EXPRESSWAY EAST MINOT, ND 58701 45-0260565	RETAIL DRUG STORE	ND	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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

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) MEDICAL ARTS OUTPATIENT SERVICES INC	A	72,000	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

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TY 2011 Affiliate Listing

Name: TRINITY HEALTH & AFFILIATES

EIN: 33-1007002

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
TRINITY HOSPITALS	PO BOX 5020 MINOT, ND 58702	41-2002771	TRIN
TRINITY KENMARE HOSPITAL	PO BOX 697 KENMARE, ND 58746	41-2002769	TRIN
TRINITY HOMES	PO BOX 5020 MINOT, ND 58702	45-0404412	TRIN
TRINITY HEALTH FOUNDATION	PO BOX 5020 MINOT, ND 58702	45-0215346	TRIN

TRINITY HEALTH AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEAR ENDED JUNE 30, 2012

TRINITY HEALTH AND SUBSIDIARIES
TABLE OF CONTENTS
YEAR ENDED JUNE 30, 2012

CliftonLarsonAllen LLP
www.cliftonlarsonallen.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
Trinity Health and Subsidiaries
Minot, North Dakota

We have audited the accompanying consolidated balance sheet of Trinity Health and Subsidiaries as of June 30, 2012 and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the combined financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Trinity Health and Subsidiaries as of June 30, 2012, and the consolidated results of their operations and changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As described in Note 17 to the consolidated financial statements, Trinity recorded adjustments to the classification of its net assets at July 1, 2011.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 25, 2012

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEET
JUNE 30, 2012

ASSETS

CURRENT ASSETS	
Cash and Cash Equivalents	$ 10,151,464
Current Portion of Assets Limited as to Use	9,038,084
Accounts Receivable	
Patient and Resident, Net	79,253,027
Other, Net	5,925,327
Accrued Interest	51,260
Inventories	9,118,631
Prepaid Expenses	2,205,868
Total Current Assets	115,743,661
ASSETS LIMITED AS TO USE	
Held by Trustee Under Bond Reserve Fund	7,556,390
Held by Trustee for Debt Service	5,554,772
Funds Held Under Grant Agreement	3,483,312
Total Assets Limited as to Use	16,594,474
Less Amount Required to Meet Current Obligations	(9,038,084)
Noncurrent Assets Limited as to Use	7,556,390
INVESTMENTS	25,250,651
PROPERTY AND EQUIPMENT, NET	104,610,835
OTHER ASSETS	
Deferred Financing Costs, Net	889,222
Other Assets	50,000
Total Other Assets	939,222
Total Assets	$ 254,100,759

See accompanying Notes to Consolidated Financial Statements

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Current Portion of Long-Term Debt	$ 3,606,835
Accounts Payable	16,808,145
Accrued Expenses	
Salaries, Wages and Payroll Taxes	11,433,912
Vacation and Sick Pay	6,143,758
Interest	2,177,897
Other Expenses	21,686,767
Estimated Third-Party Payor Settlements	5,976,000
Estimated Professional Malpractice Liability	574,462
Total Current Liabilities	68,407,776
LONG-TERM LIABILITIES	
Long-Term Debt, Net of Current Portion	84,049,744
Asset Retirement Obligation	8,126,800
Total Long-Term Liabilities	92,176,544
Total Liabilities	160,584,320
NET ASSETS	
Unrestricted	85,890,442
Temporarily Restricted	7,515,013
Permanently Restricted	110,984
Total Net Assets	93,516,439
Total Liabilities and Net Assets	$ 254,100,759

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF OPERATIONS
YEAR ENDED JUNE 30, 2012

UNRESTRICTED REVENUES, GAINS, AND SUPPORT	
Net Patient and Resident Service Revenue	$ 384,794,195
Other Operating Revenue	13,856,813
Total Unrestricted Revenues, Gains, and Support	398,651,008
EXPENSES	
Salaries and Wages	169,897,836
Employee Benefits and Payroll Taxes	28,531,130
Drugs and Supplies	69,028,667
Purchased Services and Professional Fees	42,022,050
Maintenance, Equipment Rental and Utilities	16,822,273
Insurance	1,771,140
Other Operating Expenses	9,073,869
Depreciation and Amortization	12,699,261
Interest	4,648,230
Provision for Bad Debts	42,860,925
Total Expenses	397,355,381
OPERATING INCOME	1,295,627
NONOPERATING GAINS	
Investment Income	1,427,819
Gain on Disposal of Property and Equipment	566,563
Flood Insurance Recoveries	3,057,490
Flood Insurance Expenses	(3,057,490)
Other Nonoperating Gains	701,993
Total Nonoperating Gains	2,696,375
EXCESS OF REVENUES, GAINS AND SUPPORT OVER EXPENSES	3,992,002
CHANGE IN NET UNREALIZED LOSSES ON INVESTMENTS	(492,743)
NET ASSETS RELEASED FROM RESTRICTION - CAPITAL	1,241,594
INCREASE IN UNRESTRICTED NET ASSETS	$ 4,740,853

See accompanying Notes to Consolidated Financial Statements

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS - JULY 1, 2011 BEFORE RESTATEMENT	$ 87,789,748	$ 4,845,422	$ 95,051	$ 92,730,221
Prior Period Adjustments	(6,640,159)	3,601,361	8,116	(3,030,682)
NET ASSETS - JULY 1, 2011 AFTER RESTATEMENT	81,149,589	8,446,783	103,167	89,699,539
Excess of Revenues, Gains and Other Support Over Expenses	3,992,002	-	-	3,992,002
Change in Net Unrealized Losses on Investments	(492,743)	-	-	(492,743)
Restricted Investment Income	-	278,626	7,817	286,443
Restricted Contributions	-	1,259,910	-	1,259,910
Net Assets Released from Restrictions - Operations	-	(1,228,712)	-	(1,228,712)
Net Assets Released from Restrictions - Capital	1,241,594	(1,241,594)	-	-
Change in Net Assets - 2012	4,740,853	(931,770)	7,817	3,816,900
NET ASSETS - JUNE 30, 2012	$ 85,890,442	$ 7,515,013	$ 110,984	$ 93,516,439

See accompanying Notes to Consolidated Financial Statements

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2012

CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$	3,816,900
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities		
Depreciation		12,640,132
Amortization		59,129
Change in Asset Retirement Obligation		405,402
Amortization of Notes Receivable		503,298
Gain on Disposal of Property and Equipment		(566,563)
Change in Net Unrealized Losses on Investments		492,743
Changes in Operating Assets and Liabilities		
Patient and Resident Receivables, Net		(6,405,662)
Other Receivables		1,383,035
Accrued Interest		207,655
Inventories		(620,334)
Prepaid Expenses		746,224
Other Assets		77,152
Accounts Payable		2,039,095
Accrued Expenses		10,080,282
Estimated Third-Party Payor Settlements		(1,387,476)
Estimated Professional Malpractice Liability		(200,405)
Net Cash Provided by Operating Activities		23,270,607
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment		(27,331,060)
Proceeds from Sale of Property and Equipment and Flood Insurance Proceeds		1,507,189
Additions to Notes Receivable		(1,487,978)
Payments on Notes Receivable		318,575
Net Change in Assets Limited as to Use		478,734
Purchase of Investments		(538,000)
Proceeds from Sales or Maturities of Investments		206,271
Net Cash Used by Investing Activities		(26,846,269)
CASH FLOWS FROM FINANCING ACTIVITIES		
Issuances of Long-Term Debt		3,451,484
Principal Payments on Long-Term Debt		(4,490,544)
Net Cash Used by Financing Activities		(1,039,060)
DECREASE IN CASH AND CASH EQUIVALENTS		(4,614,722)
Cash and Cash Equivalents - Beginning		14,766,186
CASH AND CASH EQUIVALENTS - ENDING	$	10,151,464
SUPPLEMENTAL DISCLOSURES		
Cash Paid for Interest	$	4,665,417
Cash Paid for Income Taxes	$	218,776

See accompanying Notes to Consolidated Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The consolidated financial statements of Trinity Health and Subsidiaries (Trinity) consist of a parent company, Trinity Health, and seven wholly owned subsidiaries:

- Trinity Hospitals (the Hospitals), a North Dakota nonprofit corporation, owns and operates an acute care hospital located on two campuses in Minot, North Dakota, that has a licensed capacity of 416 beds and provides a wide range of health care services to the patients it serves.

- Trinity Homes has a 292-bed skilled-care nursing component and a 15-room retirement home.

- Trinity Health Foundation (the Foundation) is a separate and distinct entity whose purpose is directed toward improving medical services and facilities in the Minot, North Dakota area.

- Trinity Kenmare Hospital, a North Dakota nonprofit corporation, owns and operates an acute care hospital in Kenmare, North Dakota. It is licensed for 25 beds, which are shared between acute beds and swing beds. It currently is classified as a critical access hospital by Medicare.

- B & B Drug is a for-profit pharmacy whose stock is 100% owned by Trinity.

- Community Ambulance Service (CAS) of Minot, Inc. is a 24-hour ambulance service and qualifies as a tax-exempt, nonprofit organization under Section 501(c)3 of the Internal Revenue Code. Trinity is the sole member of CAS.

- MAOPS is a for-profit retail pharmacy and durable medical equipment company. The Hospitals owns 100% of the outstanding stock of MAOPS, which is located in the Trinity Health - Medical Arts Building to serve the patients treated there.

Principles of Consolidation

The consolidated financial statements include the accounts of Trinity Health and subsidiaries identified above. All material intercompany accounts and transactions have been eliminated in consolidation.

Basis of Presentation

The accompanying consolidated financial statements are presented in accordance with accounting principles generally accepted in the United States of America, (GAAP), as codified by the Financial Accounting Standards Board (FASB).

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Trinity to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Trinity considers cash and all short-term investments purchased with maturity of three months or less and not otherwise classified as investments or assets limited as to use to be cash and cash equivalents. Cash and cash equivalents are stated at cost, which approximates fair value.

Patient and Resident Accounts Receivable, Net

Accounts receivable consists mainly of patient receivables. Patient receivables where a third-party payor is responsible for paying the amount are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Patient receivables due directly from patients are carried at the original charge for the service provided less amounts covered by third-party payors and less an estimated allowance for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts by identifying troubled accounts, by historical experience applied to an aging of accounts and by considering the patients' financial history, credit history and current economic conditions. At June 30, 2012, the allowance for uncollectible accounts was approximately $70,882,000.

Patient receivables are written off when deemed uncollectible. Recoveries of receivables previously written off are recorded as a recovery of bad debt when received.

Inventories

Inventories are stated at the lower of cost or market value.

Assets Limited as to Use

Assets limited as to use include assets held by trustees under bond reserve fund, debt service and assets held under grant agreements. Amounts required to meet certain current liabilities of Trinity are classified as current in the consolidated balance sheets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments held by Trinity are excluded from the deficit of revenues, gains and other support over expenses.

Trinity continually monitors the difference between the cost and fair market value of its investments. If any of the Trinity's investments experience a decline in value that the Trinity determines is other than temporary, Trinity records a realized loss in investment income in the consolidated statement of operations. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the investment balances and the amounts reported in the consolidated balance sheets.

Property and Equipment, Net

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets ranging from 3 to 40 years, and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Deferred Financing Costs, Net

Deferred financing costs are being amortized over the period the related obligations are outstanding using the interest method.

Pledges and Contributions

Pledges and contributions are recorded at fair value in the year made. Contributions and pledges are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished), temporarily restricted net assets are classified as unrestricted net assets and reported in the 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 financial statements. In the absence of donor specification that income and gains on donated funds are restricted, such income and gains are reported as unrestricted activity.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Assets

Net assets are classified into three separate categories based on the existence or absence of donor-imposed restrictions. In the consolidated financial statements, net assets that have similar characteristics have been combined into categories as follows:

Unrestricted – Net assets that are not subject to donor-imposed restrictions.

Temporarily Restricted – Net assets subject to donor-imposed restrictions that may or will be met either with actions of Trinity and/or the passage of time. When a restriction expires, temporarily restricted net assets are classified to unrestricted net assets and reported in the statements of operations as net assets released from restrictions.

Permanently Restricted – Net assets subject to donor-imposed restrictions that are maintained permanently by Trinity. Generally, the donors of these assets permit the System to use all or part of the income earned on related investments for specific or general purposes.

Trinity follows guidance on endowments of not-for-profit organizations, including guidance on the net asset classification of donor-restricted endowment funds that are subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA). This guidance provides for additional disclosures about the Trinity's endowment funds.

Asset Retirement Obligation

Asset retirement obligation represents an estimate for the cost to remove the asbestos in the buildings Trinity owns for which it has an obligation to remove at a future date. This estimate is recorded at net present value using a risk-free interest rate and an inflationary rate. This estimate has been recorded in accordance with FASB Codification Topic 410, Asset Retirement Obligations, which was effective for the fiscal year ended June 30, 2006.

Net Patient and Resident Service Revenue

Trinity has agreements with third-party payors that provide for payments to Trinity at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Other Revenue

Other operating revenue consists of business interruption insurance proceeds, pharmacy sales, cafeteria sales, medical equipment sales and rentals and real estate rentals. Revenue from sales of pharmaceuticals, medical supplies and medical equipment is recognized at the time of delivery of the goods. Revenue from the rental of real estate and medical equipment is recognized over the rental period.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Nonoperating Gains (Losses)

Nonoperating gains (losses) consist of unrestricted contributions, board-designated contributions, investment income, and gains (losses) on disposal of property and equipment.

Excess of Revenue, Gains and Support over Expenses

Excess of revenues, gains and support over expenses includes operating expenses, interest and dividends, unless the income or loss is restricted by donor law, realized gains and losses on investments. Changes in unrestricted net assets which are excluded from excess of revenues, gains and support over expenses, consistent with industry practice, include unrealized gains on investments classified as available for sale, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for purposes of acquiring such assets).

Income Taxes

Trinity Health and the following subsidiaries, Trinity Hospitals, Trinity Homes, Trinity Health Foundation, Trinity Kenmare Hospital and Community Ambulance Service have all been recognized by the Internal Revenue Service (IRS) as a not-for-profit corporation as described in Sec. 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes pursuant to Sec. 501(a) of the IRC. All unrelated business income generated by Trinity is subject to federal income tax under section 511 of the IRC.

B&B and MAOPS are for-profit entities. The provisions for income taxes are based on amounts estimated to be currently payable and those deferred because of temporary differences between the financial statement and tax bases of assets and liabilities. These differences consist primarily of bad debts and depreciation.

Trinity's policy is to evaluate the likelihood that its uncertain tax positions will prevail upon examination based on the extent to which those positions have substantial support within the Internal Revenue Code and Regulations, Revenue Rulings, court decisions, and other evidence. It is the opinion of management that the Company has no significant uncertain tax positions that would be subject to change upon examination.

Trinity's income tax returns are subject to review and examination by federal, state, and local authorities. The tax returns for the years 2009 to 2011 are open to examination by federal, state, and local authorities.

Sales Taxes

Sales taxes collected from customers and remitted to taxing authorities are excluded from revenues and cost of sales, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments

Fair value measurement applies to reported balances that are required or permitted to be measured at fair value under an existing accounting standard. Trinity emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy.

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that Trinity has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Trinity also adopted the policy of valuing certain financial instruments at fair value. This accounting policy allows entities the irrevocable option to elect fair value for the initial and subsequent measurement for certain financial assets and liabilities on an instrument-by-instrument basis. Trinity has not elected to measure any existing financial instruments at fair value, however Trinity may elect to measure newly acquired financial instruments at fair value in the future.

Subsequent Events

In preparing these consolidated financial statements, Trinity has considered events and transactions that have occurred through October 25, 2012, the date the consolidated financial statements were available to be issued.

NOTE 2 COMMUNITY SERVICE AND CHARITY CARE

The mission of Trinity is to excel at meeting the needs of the whole person through the provision of quality healthcare and health related services. Trinity provides services to patients regardless of their ability to pay for those services.

In furtherance of its mission, Trinity provides a wide variety of benefits to the community, including offering various community-based service programs, such as free clinics, health screenings, in-home caregiver services, social service and support counseling for patients and families, pastoral care, crisis intervention, transportation to and from the hospital campuses, and the donation of space for use by community groups. Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness, classes on specific conditions, telephone information services, and costs related to programs designed to improve the general standards of the health of the community. The cost of providing the above services is not included in Trinity's charity care amount.

Trinity also provides medical care without charge or at reduced charge to residents of its community through the provision of charity care. Included in Trinity's definition of charity care are the following: (a) services provided to the uninsured or underinsured and (b) services provided to patients expressing a willingness to pay but who are determined to be unable to pay because of socioeconomic factors.

Trinity maintains records to identify and monitor the level of charity care it provides. Those records include the amount of charges foregone for services and supplies furnished under this charity care policy, and an estimated cost (based on the cost to charge ratio) of those services and supplies. The estimated costs and expenses incurred to provide charity care for the year ended June 30, 2012 was approximately $1,884,000.

Trinity did not receive any funds to subsidize the costs of providing charity care under its financial assistance policy for the year ended June 30, 2012.

Trinity also provides medical care without charge or at reduced charges to residents of the community through Bad Debts, which are services provided to patients expressing a willingness to pay but who are determined to be unable to pay because of socioeconomic factors.

Trinity maintains records to identify and monitor the level of community benefits it provides. These records include management’s estimate of the cost for bad debt services, and the cost of services, and supplies furnished for Community Service programs.

NOTE 3 NET PATIENT AND RESIDENT SERVICE REVENUE

Trinity has agreements with third-party payors that provide for payments to the Trinity at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Trinity is paid for inpatient acute care services rendered to Medicare program beneficiaries under prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The prospectively determined classification of patients and the appropriateness of the patients' admissions are subject to validation reviews by a Medicare peer review organization which is under contract with Trinity to perform such reviews.

Most outpatient services are paid to Medicare program beneficiaries under an outpatient prospective payment system, with predetermined rates based on a patient classification system that is based on clinical diagnostic and other factors. Outpatient services subject to the outpatient prospective payment system are not subject to cost report settlement.

Trinity Hospital's Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through June 30, 2007 and Trinity Kenmare Hospital's cost reports are finalized through June 30, 2010.

Revenue from the Medicare and Medicaid programs accounted for approximately 29% and 6%, respectively, of the Trinity's net patient and resident revenue for the year ended 2012. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Medicaid

Inpatient acute care services rendered under the Medicaid program are also paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are reimbursed primarily under a prospective payment category of service. Trinity's Medicaid cost reports have been audited by the Medicaid intermediary through June 30, 2007.

Blue Cross

Trinity is reimbursed at prospectively determined rates, which are not subject to retroactive adjustment.

Other

Trinity also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments under these agreements includes various discounts from established rates.

NOTE 3 NET PATIENT AND RESIDENT SERVICE REVENUE (CONTINUED)

A summary of Trinity's net patient and resident revenue is as follows:

Gross Patient and Resident Revenue	$ 722,319,750
Deductions from Patient Charges	
Medicare Contractual Adjustments	(150,492,468)
Medicaid Contractual Adjustments	(27,425,338)
Other Contractual Adjustments	(159,607,749)
Net Patient and Resident Revenue	$ 384,794,195

NOTE 4 PATIENT AND RESIDENT RECEIVABLES, NET

The following is a summary of accounts receivable composition for patients and residents as of June 30:

Gross Patient and Resident Receivables	$ 231,539,284
Allowance for Doubtful Accounts	(70,882,330)
Contractual Allowances and Discounts	(81,403,927)
Patient and Resident Receivables, Net	$ 79,253,027

NOTE 5 INVESTMENTS AND ASSETS LIMITED AS TO USE

The composition of investments and assets limited as to use at June 30 is set forth in the following table:

Cash & Money Markets	$ 9,476,951
Certificates of Deposit	2,150,878
Guaranteed Investment Contracts	7,556,389
Common Stock	3,120,738
Mutual Funds	13,208,711
U S Treasury Obligations	922,616
Government Backed Obligations	1,665,931
Corporate Obligations	2,197,790
Municipal Obligations	805,061
Real Estate Investment Trusts	740,060
Total Investments and Assets Limited as to Use	$ 41,845,125

NOTE 5 INVESTMENTS AND ASSETS LIMITED AS TO USE (CONTINUED)

The following table provides a reconciliation of the balances to amounts reported in consolidated balance sheets:

Investments	$ 25,250,651
Held by Trustee Under Bond Reserve Fund	7,556,390
Held by Trustee for Debt Service	5,554,772
Funds Held Under Grant Agreement	3,483,312
Total Investments and Assets Limited as to Use	$ 41,845,125

Investment income (loss) and gains (losses) on investments whose use is limited and other investments are composed of the following for the years ended June 30:

Interest and Dividend Income	$ 1,294,051
Realized Gains on Investments	133,768
Total Investment Income	$ 1,427,819

The following table shows the gross unrealized losses and fair value of Trinity Health's investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, at June 30, 2012:

	Less Than 12 Months		12 Months or Greater	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Common Stock	$ 460,876	$ (40,763)	$ 123,027	$ (54,366)
Mutual Funds	1,981,721	(22,498)	4,819,380	(756,806)
U S Treasury Obligations	149,632	(392)	-	-
Government Backed Obligations	100,363	(514)	34,727	(227)
Corporate Obligations	176,910	(744)	191,720	(5,659)
Municipal Obligations	51,372	(1,244)	-	-
Real Estate Investment Trusts	490,060	(150,890)	-	-
Total	$ 3,410,934	$ (217,045)	$ 5,168,854	$ (817,058)

The unrealized losses on the common stock, mutual funds, and real estate investment trusts amounted to $1,031,726 at June 30, 2012. Of these amounts, $811,172 of the losses relate to losses which extend over one year as of June 30, 2012. Investment losses under one year old are expected to be recoverable in future periods and are not deemed by management to be unrecoverable. Investment losses in excess of one year are also expected to be recoverable in future periods as Trinity has the intent and ability to hold these investments until further market recovery occurs.

NOTE 5 INVESTMENTS AND ASSETS LIMITED AS TO USE (CONTINUED)

The unrealized losses on the Trinity's investments in U.S. Treasuries, Government Backed Obligations, Corporate Obligations, and Municipal Obligations of $5,886 were caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. Because Trinity has the ability and intent to hold these investments until a market price recovery, which may be maturity, the System does not consider these investments to be other-than-temporarily impaired at June 30, 2012.

NOTE 6 PROPERTY AND EQUIPMENT, NET

Property and equipment at June 30 consisted of:

Land and Improvements	$ 11,300,467
Buildings and Improvements	55,004,667
Fixed Equipment	60,858,828
Moveable Equipment	128,363,849
Construction in Progress	23,801,385
Gross Property and Equipment	279,329,196
Accumulated Depreciation	(174,718,361)
Property and Equipment, Net	$ 104,610,835

NOTE 7 LONG-TERM DEBT

A summary of long-term debt at June 30 is as follows:

Description	
Loan payable to County of Ward, North Dakota (Health Care Facilities Revenue Bonds, Series 2006 Trinity Obligated Group), interest rate ranging from 5 00% to 5 25% with principal payments due annually beginning July 1, 2007 through 2029	$ 72,825,000
Loan payable to County of Ward, North Dakota (Health Care Facilities Revenue Bonds, Series 1996 Trinity Obligated Group), interest rate ranging from 4 00% to 6 25% with principal payments due annually beginning July 1, 1997 through 2026	7,840,000
4 50% note payable with Bremer Bank, payable in monthly installments of $2,168, including interest, maturing in June 2016 with a balloon payment of $284,332, collateralized by real estate	329,966
5 00% note payable with Dakota Acres Partnership, payable in annual installments of $129,505, including interest, maturing in December 2018, collateralized by real estate	749,362
3 375% USDA Loan, interest only though May 2014, payable in monthly installments of $25,355 beginning June 2014 through May 2044, collateralized by real estate	3,451,484
Interest free note payable with a local organization, payable in monthly installments of $7,787, maturing in December 2012, uncollateralized	58,607
Total	85,254,419
Less Current Maturities	(3,606,835)
Plus Bond Premium	2,439,977
Less Bond Discount	(37,817)
Long-Term Debt, Net of Current Maturities	$ 84,049,744

NOTE 7 LONG-TERM DEBT (CONTINUED)

Required principal payments under the various debt agreements are payable during the years ending June 30 as follows:

Year Ending June 30,	Amount
2013	$ 3,606,835
2014	3,748,352
2015	4,257,989
2016	4,755,605
2017	4,686,131
Thereafter	64,199,507
Total	$ 85,254,419

Restrictive Covenants

Under the terms of the Bond agreements, the Trinity Obligated Group, consisting of Trinity Health, Trinity Hospitals, Trinity Kenmare, and Trinity Homes, is required to maintain Debt Service Coverage during the life of the bonds of not less than 125%, so that the excess revenues (excluding depreciation and interest) is not less than 125% of the Maximum Annual Debt Service. Management believes Trinity was in compliance with this Debt Service Coverage Ratio requirement at June 30, 2012.

In addition, the Trinity Obligated Group is required to maintain a Funded Indebtedness Ratio of less than 65%. The ratio is calculated as the Obligated Group total funded indebtedness divided by the Obligated Group total funded indebtedness and its total unrestricted net assets. Management believes Trinity was in compliance with the Funded Indebtedness Ratio at June 30, 2012.

At June 30, 2012, unrestricted days cash on hand was below 40 days. In accordance with Bond Covenant requirements, management has engaged an Independent Consultant, has provided an Officer's Certificate to the Bond Trustee, and is implementing a plan to increase days cash on hand to a level above 40 days. Management believe it can remedy the days cash on hand covenant through operational initiatives, but part of management's plan includes securing a line of credit for capital investments, in the event this course of action is necessary to meet the days cash on hand requirement. Management believes they will be able to cure the days cash on hand shortfall within the 90 day post issuance of the Officer's Certificate to the Bond Trustee as required by the Bond Covenants; such that the days cash on hand covenant shortfall shall not constitute default under the Master Indenture.

NOTE 8 EMPLOYEE BENEFIT PLANS

Effective January 1, 1988, Trinity adopted the TriniPlus Retirement Plan, a discretionary defined contribution plan that covers substantially all employees. Contributions and costs were determined as a percentage of each covered employee's estimated calendar-year salary and totaled $5,844,640 for the year ended June 30, 2012. In April 2003, Trinity adopted Internal Revenue Code (IRC) Section 401(k) provisions in the TriniPlus Retirement Plan, which also covers substantially all employees. Matching contributions are limited to 25% of the first 6% contributed by the employee and were $2,081,932 for the year ended June 30, 2012.

NOTE 9 FUNCTIONAL EXPENSES

Trinity provides general health care services to residents within its geographic location. Expenses related to providing these services at June 30 are as follows:

Health Care Services	$ 319,071,498
General and Administrative	77,241,542
Fundraising	1,042,341
Total Expenses	$ 397,355,381

NOTE 10 RELATED PARTY TRANSACTIONS

During the year ended June 30, 2012, Trinity paid approximately $256,000 for rental of certain facilities. The rent was paid to Minot Town and Country Investors, LLC, which is owned by one of its board members.

NOTE 11 CONCENTRATIONS OF CREDIT RISK

Trinity grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of net receivables from patients and other third-party payors was as follows at June 30:

Medicare	26 %
Medicaid	8
	9
Commercial Insurance	29
Self-Pay	28
Total	100 %

NOTE 11 CONCENTRATIONS OF CREDIT RISK (CONTINUED)

FDIC Coverage

During the year ending June 30, 2012, Trinity had cash balances in individual financial institutions in excess of FDIC insurance limits. Effective October 3, 2008 FDIC insurance coverage increased from $100,000 per depositor account to $250,000 per account and has subsequently been extended indefinitely. In addition, all non-interest bearing accounts are entirely covered by FDIC insurance through December 2012. Prior to the changes in FDIC insurance coverage, at times, cash balances may have been in excess of insured limits.

NOTE 12 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair Value Measurements

Trinity uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. For additional information on how Trinity measures fair value refer to Note 1. The following table presents the fair value hierarchy for the balances of the assets of Trinity measured at fair value on a recurring basis as of June 30:

2012	Level 1	Level 2	Level 3	Total
Investments and Assets Limited to Use				
Common Stock	$ 3,120,738	$ -	$ -	$ 3,120,738
Mutual Funds	13,208,711	-	-	13,208,711
U S Treasury Obligations	922,616	-	-	922,616
Government Backed Obligations	1,665,931	-	-	1,665,931
Corporate Obligations	-	2,197,790	-	2,197,790
Municipal Obligations	-	805,061	-	805,061
Real Estate Investment Trusts	-	-	740,060	740,060
Total Assets Measured at Fair Value	$ 18,917,996	$ 3,002,851	$ 740,060	$ 22,660,908

The activity of Trinity's investments valued using Level 3 inputs is as follows:

2012	Real Estate Investment Trusts
Beginning Balance	$ 859,504
Change in Value	(119,444)
Ending Balance	$ 740,060

The following is a summary of financial instruments for which Trinity did not elect the fair value option. The fair values of such instrument have been derived, in part, by management's assumptions, the estimated amount and timing of future cash flows, and estimated discount rates. Different assumptions could significantly affect these estimated fair values. Accordingly, the net realizable value could be materially different from the estimates presented below. In addition, the estimates are only indicative of the value of individual financial instruments and should not be considered an indication of the fair value of Trinity.

NOTE 12 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

The following disclosures represent financial instruments in which the ending balances at June 30, 2012, are not carried at fair value in their entirety on the consolidated balance sheet:

	2012	
Financial Assets	Carrying Value	Estimated Fair Value
Health Care Facility Revenue Bonds	$ 80,665,000	$ 83,150,430

The fair value of Trinity's health care revenue bonds were estimated based on the quoted market prices for similar issues or by discounting expected cash flows at the rates currently offered to Trinity for debt of the same remaining maturities, as advised by investment bankers.

NOTE 13 RESTRICTED NET ASSETS AND ENDOWMENTS

Temporarily Restricted

Temporarily restricted net assets were available for the following purposes at June 30:

Temporarily Restricted Net Assets 7/1/2011	Additions	Released	Temporarily Restricted Net Assets 6/30/2012
$ 4,984,419	$ 41,647	$ (1,262,778)	$ 3,763,288
924,809	104,098	(4,600)	1,024,307
447,043	125,285	(8,075)	564,253
310,440	23,522	-	333,962
276,700	54,800	(9,726)	321,774
283,343	21,468	-	304,811
272,124	30,895	(22,679)	280,340
246,655	18,689	-	265,344
701,250	1,118,132	(1,162,448)	656,934
$ 8,446,783	$ 1,538,536	$ (2,470,306)	$ 7,515,013

NOTE 13 RESTRICTED NET ASSETS AND ENDOWMENTS (CONTINUED)

Permanently Restricted and Endowment Funds

(1) The duration and preservation of the various funds
(2) The purposes of the donor-restricted endowment funds
(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) Trinity's investment policies.

Endowment net asset composition by type of fund at June 30 is as follows:

2012	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Board Designated Endowment Funds	$ 2,128,813	$ 4,031,701	$ -	$ 6,160,514
Donor Restricted Endowment Funds	-	-	110,984	110,984
Total	$ 2,128,813	$ 4,031,701	$ 110,984	$ 6,271,498

NOTE 13 RESTRICTED NET ASSETS AND ENDOWMENTS (CONTINUED)

The changes in endowment net assets are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at June 30, 2011	$ 2,210,719	$ -	$ 103,167	$ 2,313,886
Contributions	110,419	-	-	110,419
Investment Return	559,728	-	7,817	567,545
Amounts Appropriated For Expenditure	(752,053)	-	-	(752,053)
Balance at June 30, 2012	$ 2,128,813	$ -	$ 110,984	$ 2,239,797

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the Act requires Trinity to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of June 30, 2012.

Trinity has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that Trinity must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is intended to preserve and grow capital, strive for consistent absolute returns, preserve purchasing power by striving for long-term returns which either match or exceed the set payout, fees and inflation without putting the principal value at imprudent risk, and diversify investments consistent with commonly accepted industry standards to minimize the risk of large losses.

NOTE 14 FLOOD OF 2011

On June 23, 2011, Minot and the surrounding area experienced the worst flooding in over 40 years. This flood had a significant impact on Trinity's operations. Residents of the Trinity Nursing Home had to be relocated to other facilities around the state and business interruption was also experienced in other Trinity operations. Trinity continued to pay employees, incurred additional operating expenses, property clean-up expenses as well as property loss. During fiscal year 2012, Trinity received $12,949,499 in payments from its flood insurance company. Receivables of $2,559,575 were recorded as of June 30, 2011 with $10,389,924 of payments received during the fiscal year ended June 30, 2012. Additionally, Trinity recorded a Business Interruption receivable of $1,797,398 at June 30, 2012 which resulted in total flood recovery proceeds of $12,187,323 impacting fiscal year 2012. The total impact during fiscal year 2012 was comprised of $7,621,844 in business interruption revenue, $3,058,290 in expense reimbursements and $1,507,189 in property insurance proceeds. Business interruption revenue is recorded as other operating revenue and the expense reimbursements and insurance proceeds are reported as non-operating gains and losses.

NOTE 15 COMMITMENTS AND CONTINGENCIES

Leases

The following is a schedule by year for the next five years of future minimum lease payments under operating leases as of June 30, 2012 that have initial or remaining terms in excess of one year:

Year Ending June 30,	Amount
2013	$ 3,644,301
2014	3,398,159
2015	2,605,534
2016	2,559,136
2017	1,111,723
Thereafter	2,111,544
Total	$ 15,430,397

Total rent expense for the year ended June 30, 2012 was approximately $3,743,901. Trinity has a letter of credit in the amount of $255,000 outstanding that is required under terms of a building lease agreement.

Professional Liability Insurance

Trinity insures its medical malpractice risks under a claims-made insurance policy with various insurers. Coverage limits are $1,000,000 per claim and $5,000,000 in aggregate. There is a $100,000 deductible on each claim and $300,000 in aggregate. Trinity also has umbrella excess liability coverage. Coverage limits on one policy is $14,000,000 per claim and in aggregate and another policy is $15,000,000 per claim and in aggregate.

NOTE 15 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Employee Health Insurance

Trinity maintains a self-insured employee health benefit program. Individual loss insurance of $175,000 at June 30, 2012 is purchased through an insurance company. Estimated unprocessed claims and claims incurred but not reported at June 30, 2012 were approximately $1,609,000, and have been recorded on the balance sheet in other accrued liabilities.

Litigation

Trinity is involved in various legal actions in the normal course of business. The actions are in various stages of processing, and some may ultimately be brought to trial. As of June 30, 2012, management has estimated and recorded a liability reserve for a range of potential costs associated with these legal actions, included in accounts payable on the consolidated balance sheet. Management believes the resolutions of these various matters will be resolved without a material adverse effect on the consolidated financial statements.

Healthcare Legislation and Regulation

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violation of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Management believes that Trinity is in substantial compliance with fraud and abuse as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations is subject to government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

NOTE 16 SUBSEQUENT EVENTS

Flood of 2011 and Flood Insurance Proceeds

During September of 2012, Trinity received a final settlement of flood insurance proceeds for $4,200,000, bringing the total insurance proceeds to $17,199,829 after a reduction for a $500,000 deductible. The final settlement represented reimbursement of $11,642,355 for Business Interruption, $3,498,332 for expense reimbursement and $2,059,142 for property loss. The final settlement provided recovery that approximated Trinity's internally estimated flood related losses.

NOTE 17 PRIOR PERIOD ADJUSTMENTS

During the year ended June 30, 2012, Trinity corrected errors in its beginning unrestricted, temporarily restricted, and permanently restricted net assets. Beginning unrestricted net assets decreased $7,755,588 due to recording an asset retirement obligation that Trinity is liable for. This should have been recorded during the fiscal year ended June 30, 2006 in accordance with FASB Codification Topic 410, Asset Retirement Obligations. Beginning temporarily restricted net assets increased $4,724,906 due to moving temporarily restricted grant funds from deferred revenue. This should have been recorded as temporarily restricted net assets versus deferred revenue in accordance with FASB Accounting Standards Codification (ASC) 958-605 during the fiscal year ended June 30, 2011 when the grant funds were received. There was also some classification changes between unrestricted, temporarily restricted and permanently restricted net assets.

CliftonLarsonAllen

CliftonLarsonAllen LLP
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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Directors
Trinity Health and Subsidiaries
Minot, North Dakota

We have audited the consolidated financial statements of Trinity Health and Subsidiaries as of and for the year ended June 30, 2012, and our report thereon dated October 25, 2012, which expressed an unqualified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating supplementary schedules are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 25, 2012

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET
JUNE 30, 2012

ASSETS					
CURRENT ASSETS					
Cash and Cash Equivalents	$ 1,284,054	$ 5,652,071	$ 30,562	$ 936,599	$ 7,903,286
Current Portion of Assets Limited as to Use	5,554,772	3,483,312	-	-	9,038,084
Accounts Receivable					
Patient and Resident, Net	2,138,494	72,104,510	2,556,634	662,842	77,462,480
Other, Net	2,698,630	1,460,493	1,000,000	-	5,159,123
Due From Affiliates	243,719,208	765,463,842	11,425,032	11,989,443	1,032,597,525
Accrued Interest	350	11,319	1,125	1,125	13,919
Inventories	541,869	7,033,191	41,357	31,102	7,647,519
Prepaid Expenses	56,058	2,081,185	18,105	-	2,155,348
Total Current Assets	255,993,435	857,289,923	15,072,815	13,621,111	1,141,977,284
ASSETS LIMITED AS TO USE					
Held by Trustee Under Bond Reserve Fund	7,556,390	-	-	-	7,556,390
Held by Trustee for Debt Service	5,554,772	-	-	-	5,554,772
Investments Pledged by Foundation	5,500,000	-	-	-	5,500,000
Funds Held Under Grant Agreement	-	3,483,312	-	-	3,483,312
Total Assets Limited as to Use	18,611,162	3,483,312	-	-	22,094,474
Less Amount Required to Meet Certain Obligations	(5,554,772)	(3,483,312)	-	-	(9,038,084)
Noncurrent Assets Limited as to Use	13,056,390	-	-	-	13,056,390
INVESTMENTS	11,674,015	1,260,606	359,633	359,633	13,653,887
PROPERTY AND EQUIPMENT, NET	32,091,449	65,447,202	3,217,743	1,080,338	101,836,732
OTHER ASSETS					
Deferred Financing Costs, Net	889,222	-	-	-	889,222
Other Assets	-	50,000	-	-	50,000
Total Other Assets	889,222	50,000	-	-	939,222
Total Assets	$ 313,704,511	$ 924,047,731	$ 18,650,191	$ 15,061,082	$ 1,271,463,515

$ 192,315	$ 647,835	$ 671,359	$ 736,669	$ -	$ 10,151,464
-	-	-	-	-	9,038,084
-	374,152	497,170	919,225	-	79,253,027
300,090	-	-	466,114	-	5,925,327
4,352,633	-	-	2,671,506	(1,039,621,664)	-
37,341	-	-	-	-	51,260
-	488,120	13,585	969,407	-	9,118,631
-	-	50,520	-	-	2,205,868
4,882,379	1,510,107	1,232,634	5,762,921	(1,039,621,664)	115,743,661
-	-	-	-	-	7,556,390
-	-	-	-	-	5,554,772
-	-	-	-	(5,500,000)	-
-	-	-	-	-	3,483,312
-	-	-	-	(5,500,000)	16,594,474
-	-	-	-	-	(9,038,084)
-	-	-	-	(5,500,000)	7,556,390
11,596,764	-	-	-	-	25,250,651
1,875,378	17,996	491,373	389,356	-	104,610,835
-	-	-	-	-	889,222
-	-	-	-	-	50,000
-	-	-	-	-	939,222
$ 18,354,521	$ 1,528,103	$ 1,724,007	$ 6,152,277	$ (1,045,121,664)	$ 254,100,759

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET (CONTINUED)
JUNE 30, 2012

LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Current Portion of Long-Term Debt	$ 3,445,000	$ 58,607	$ -	$ -	$ 3,503,607
Accounts Payable	1,502,946	14,764,975	-	175,488	16,443,409
Due to Affiliates	380,252,353	603,150,765	26,320,295	21,791,557	1,031,514,970
Accrued Expenses					
Salaries, Wages and Payroll Taxes	3,712,771	7,675,132	-	-	11,387,903
Vacation and Sick Pay	2,850	5,984,707	57,298	5,581	6,050,436
Interest	2,177,897	-	-	-	2,177,897
Other Expenses	5,603,445	15,808,268	129,974	30,544	21,572,231
Estimated Third-Party Payor Settlements	-	5,562,136	-	413,864	5,976,000
Estimated Professional Malpractice Liability	30,986	412,765	130,711	-	574,462
Total Current Liabilities	396,728,248	653,417,355	26,638,278	22,417,034	1,099,200,915
LONG-TERM LIABILITIES					
Long-Term Debt, Net of Current Portion	79,622,160	3,451,484	-	-	83,073,644
Asset Retirement Obligation	8,126,800	-	-	-	8,126,800
Total Long-Term Liabilities	87,748,960	3,451,484	-	-	91,200,444
Total Liabilities	484,477,208	656,868,839	26,638,278	22,417,034	1,190,401,359
NET ASSETS					
Unrestricted	(170,772,697)	263,695,580	(7,988,087)	(7,355,952)	77,578,844
Temporarily Restricted	-	3,483,312	-	-	3,483,312
Permanently Restricted	-	-	-	-	-
Total Net Assets	(170,772,697)	267,178,892	(7,988,087)	(7,355,952)	81,062,156
Total Liabilities and Net Assets	$ 313,704,511	$ 924,047,731	$ 18,650,191	$ 15,061,082	$ 1,271,463,515

$ 92,036	$ -	$ -	$ 11,192	$ -	$ 3,606,835
-	49,436	20,166	295,134	-	16,808,145
3,598,541	358,974	-	4,149,179	(1,039,621,664)	-
-	-	46,009	-	-	11,433,912
-	-	93,322	-	-	6,143,758
-	-	-	-	-	2,177,897
5,503,793	83,857	9,750	17,136	(5,500,000)	21,686,767
-	-	-	-	-	5,976,000
-	-	-	-	-	574,462
9,194,370	492,267	169,247	4,472,641	(1,045,121,664)	68,407,776
657,326	-	-	318,774	-	84,049,744
-	-	-	-	-	8,126,800
657,326	-	-	318,774	-	92,176,544
9,851,696	492,267	169,247	4,791,415	(1,045,121,664)	160,584,320
4,360,140	1,035,836	1,554,760	1,360,862	-	85,890,442
4,031,701	-	-	-	-	7,515,013
110,984	-	-	-	-	110,984
8,502,825	1,035,836	1,554,760	1,360,862	-	93,516,439
$ 18,354,521	$ 1,528,103	$ 1,724,007	$ 6,152,277	$ (1,045,121,664)	$ 254,100,759

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF OPERATIONS
YEAR ENDED JUNE 30, 2012

UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT					
Net Patient and Resident Service Revenue	$ 80 765 999	$ 266 588 492	$ 17 825 050	$ 2 150 285	$ 367 329 826
Other Operating Revenue	3 950 292	6 878 163	2 558 632	33 812	13 420 899
Total Unrestricted Revenues Gains and Other Support	84 716 291	273 466 655	20 383 682	2 184 097	380 750 725
EXPENSES					
Salaries and Wages	67 313 100	85 123 587	11 333 916	2 647 837	166 418 440
Employee Benefits and Payroll Taxes	8 004 964	16 363 021	2 738 605	656 673	27 763 263
Drugs and Supplies	2 440 958	49 956 836	1 255 225	303 673	53 956 692
Purchased Services and Professional Fees	10 465 655	29 934 354	2 320 623	137 222	42 857 854
Maintenance Equipment Rental and Utilities	5 039 306	10 588 041	674 920	209 321	16 511 588
Insurance	696 713	1 012 996	22 549	7 457	1 739 715
Other Operating Expenses	2 117 760	6 488 445	118 816	29 401	8 754 422
Depreciation and Amortization	1 377 758	10 551 000	481 931	117 712	12 528 401
Interest	427 887	3 855 990	287 872	-	4 571 749
Provision for Bad Debts	7 733 648	33 362 022	995 298	760 483	42 851 451
Total Expenses	105 617 749	247 236 292	20 229 755	4 869 779	377 953 575
OPERATING INCOME (LOSS)	(20 901 458)	26 230 363	153 927	(2 685 682)	2 797 150
NONOPERATING GAINS (LOSSES)					
Investment Income	1 265 774	8 481	-	-	1 274 255
Gain (Loss) on Disposal of Property and Equipment	-	572 609	-	-	572 609
Flood Damage Insurance Recoveries	-	1 356 064	1 701 426	-	3 057 490
Flood Damage Expenses	-	(1 356 064)	(1 701 426)	-	(3 057 490)
Other Nonoperating Gains (Losses)	(146 926)	208 124	-	2 399	63 597
Total Nonoperating Gains	1 118 848	789 214	-	2 399	1 910 461
EXCESS (DEFICIT) OF SUPPORT AND REVENUE OVER EXPENSES	(19 782 610)	27 019 577	153 927	(2 683 283)	4 707 611
CHANGE IN NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	78 345	(547 897)	-	-	(469 552)
NET ASSETS RELEASED FROM RESTRICTION - CAPITAL	-	1 241 594	-	-	1 241 594
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (19 704 265)	$ 27 713 274	$ 153 927	$ (2 683 283)	$ 5 479 653

$ -	$ 5 261 348	$ 2 130 785	$ 11 676 512	$ (1 604 276)	$ 384 794 195
244 491	39 677	149 184	2 562	-	13 856 813
244 491	5 301 025	2 279 969	11 679 074	(1 604 276)	398 651 008
83 190	540 916	1 057 908	1 797 382	-	169 897 836
24 707	117 283	221 262	404 615	-	28 531 130
894 246	4 470 811	101 058	9 605 860	-	69 028 667
37 497	245 650	20 558	464 767	(1 604 276)	42 022 050
108	23 260	124 809	162 508	-	16 822 273
-	-	31 061	364	-	1 771 140
2 062	178 032	72 425	66 928	-	9 073 869
531	12 922	127 193	30 214	-	12 699 261
41 851	2 711	-	31 919	-	4 648 230
-	782	8 692	-	-	42 860 925
1 084 192	5 592 367	1 764 966	12 564 557	(1 604 276)	397 355 381
(839 701)	(291 342)	515 003	(885 483)	-	1 295 627
150 467	-	3 097	-	-	1 427 819
-	-	(6 046)	-	-	566 563
-	-	-	-	-	3 057 490
-	-	-	-	-	(3 057 490)
638 396	-	-	-	-	701 993
788 863	-	(2 949)	-	-	2 696 375
(50 838)	(291 342)	512 054	(885 483)	-	3 992 002
(23 191)	-	-	-	-	(492 743)
-	-	-	-	-	1 241 594
$ (74 029)	$ (291 342)	$ 512 054	$ (885 483)	$ -	$ 4 740 853

Additional Data

Software ID:
Software Version:
EIN: 33-1007002
Name: TRINITY HEALTH & AFFILIATES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 10,617,572 including grants of $ 0) (Revenue $ 55,187,842)

TRINITY HOSPITALS LABORATORY IS STAFFED 24/7, 365 DAYS A YEAR TO SERVE HOSPITAL, CLINIC AND OUTREACH PATIENTS OUR PURPOSE IS TO PROVIDE LABORATORY TESTING TO AID THE PROVIDER IN DIAGNOSIS, TREATMENT, AND FOLLOW-UP OF DISEASE AND WELLNESS WE PROVIDE ROUTINE TESTING FREE OF CHARGE TO THE COMMUNITY "FREE CLINIC", HAVE DONE PSA SCREENINGS AT THE NORTH DAKOTA STATE FARE, AND DO SOME SCREENING TESTS FOR COMPANIES IN TOWN WE HAVE PHLEBOTOMIST WHO GOES TO ASSISTED LIVING FACILITIES, NURSING HOMES, AND PRIVATE HOMES TO DRAW BLOOD