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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
TRINITY HEALTH SYSTEM GROUP

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
STEUBENVILLE, OH 43952

D Employer identification number
30-0752920

E Telephone number
(740) 283-7000

G Gross receipts $ 306,407,235

F Name and address of principal officer
FRED BROWER
380 SUMMIT AVENUE
STEUBENVILLE,OH 43952

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

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

H(c) Group exemption number ▶ 5388

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

J Website: ▶ WWW TRINITYHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile OH

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,899
6	Total number of volunteers (estimate if necessary)	**6**	71
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,056,605
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	534,060

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	933,060	271,930
9	Program service revenue (Part VIII, line 2g)	207,091,729	215,930,959
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,081,412	9,634,888
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,041,779	3,881,892
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,147,980	229,719,669

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	384,637	1,500
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)	98,865,467	103,472,240
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	107,976,176	113,696,168
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,226,280	217,169,908
19	Revenue less expenses Subtract line 18 from line 12	9,921,700	12,549,761

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	200,007,015	210,743,667
21	Total liabilities (Part X, line 26)	89,456,929	71,822,690
22	Net assets or fund balances Subtract line 21 from line 20	110,550,086	138,920,977

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

****** | 2014-11-12
Signature of officer | Date

FRED BROWER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEREMY S HERMAN				P00745789

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951

Firm's address ▶ 1111 SUPERIOR AVE
CLEVELAND, OH 44114 | Phone no (216) 523-1010

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 108,808,735 including grants of $ 0) (Revenue $ 122,687,078)

OUTPATIENT SERVICES -TRINITY HEALTH SYSTEM'S CANCER TREATMENT CAPABILITIES GREW SUBSTANTIALLY WITH THE CONSTRUCTION OF THE TONY TERAMANA CANCER CENTER OPENED IN JANUARY 2000, THE CENTER HOUSES ONE OF THE MOST POWERFUL TOOLS IN CANCER TREATMENT, THE VARIAN CLINIC 21 EX LINEAR ACCELERATOR THIS UNIT, TERMED THE "GOLD STANDARD" IN CANCER TREATMENT, WAS ONLY ONE OF FOUR IN THE WORLD WHEN IT WAS INSTALLED THE CENTER ALSO UTILIZES A NEWLY PURCHASED SIMULATOR WHICH IS DIRECTLY LINKED TO TRINITY'S CT SCANNER, A PET SCANNER AND A SECOND LINEAR ACCELERATOR THIS FEATURE ALLOWS RADIATION ONCOLOGISTS TO PERFORM TREATMENT PLANNING EQUAL TO MAJOR METROPOLITAN HEALTH CENTERS THE TONY TERAMANA CANCER CENTER ALSO PROVIDES CHEMOTHERAPY AND SURGICAL CONSULTATION SERVICES FOR REGIONAL RESIDENTS THE CHEMOTHERAPY SERVICES AT TONY TERAMANA CANCER CENTER IS PROVIDED WITH COMPASSION, PRIVACY AND OPTIMUM RESULTS IN 2013, THE CENTER SAW 1,741 PATIENTS AND PERFORMED 13,493 PROCEDURES IN LINE WITH TRINITY HEALTH SYSTEM'S VALUES, SERVICE, REVERENCE AND STEWARDSHIP, THE TONY TERAMANA CANCER CENTER CAN MEET THE NEEDS OF CANCER PATIENTS THROUGH A HOLISTIC APPROACH WHICH INCLUDES COMPASSION, CONCERN, DIGNITY AND RESPECT THIS SERVICE IS DUE LARGELY TO THE GENEROSITY OF THE TONY TERAMANA FAMILY, WHOSE $1 MILLION GIFT MADE THIS CENTER A WORLD-CLASS CANCER TREATMENT FACILITY TRINITY HEALTH SYSTEM'S CARDIAC REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED THESE CHANGES ARE ACHIEVED THROUGH SAFE PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF RISK FACTORS ASSOCIATED WITH HEART DISEASE THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT AGE IS NOT A FACTOR OUR SPECIALLY TRAINED STAFF WORK WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS THE GOALS OF THE CARDIAC REHAB PROGRAM ARE INCREASED UNDERSTANDING OF HEART DISEASE, INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, INCREASED MUSCULAR FITNESS, REDUCED CHOLESTEROL/TRIGLYCERIDE LEVELS, DECREASED BODY FAT, BETTER NUTRITION MANAGEMENT AND IMPROVED SENSE OF WELL-BEING AN INTEGRAL PART OF THE OVERALL PROGRAM, EDUCATION, INCREASES A PATIENT'S UNDERSTANDING OF THEIR ILLNESS AND HELPS THEM TO IDENTIFY CURRENT HABITS THAT CAN NEGATIVELY AFFECT THEIR CARDIAC CONDITION WE COVER ISSUES LIKE RISK FACTOR REDUCTION, ANGINA, HEART ATTACK, MEDICATION, DIETARY AND EXERCISE GUIDELINES, SMOKING, AND BREATHING AND RELAXATION METHODS INDIVIDUALS ENROLLED IN THIS PHASE ARE REFERRED BY THEIR PHYSICIAN AFTER AN ASSESSMENT OF CONDITION IS MADE, A PATIENT IS SCHEDULED FOR EXERCISE TRAINING WITH MONITORING RISK FACTORS, DIET, AND LIFESTYLE CHANGES ARE ALSO DISCUSSED CONVENIENT SESSIONS ARE SCHEDULED THREE TIMES PER WEEK AND LAST APPROXIMATELY ONE HOUR ONCE THE OUTPATIENT PROGRAM IS CONCLUDED, PATIENTS MAY CONTINUE THIS PHASE IN ORDER TO INSURE THEIR QUALITY OF LIFE THEIR ONGOING PARTICIPATION IN THE PROGRAM CAN OFFER THEM INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, AND INCREASED MUSCULAR FITNESS TRINITY WORKCARE IS THE OCCUPATIONAL HEALTH DEPARTMENT OF TRINITY HEALTH SYSTEM AND PROVIDES A COMPREHENSIVE OCCUPATIONAL HEALTH SERVICE TO THE BUSINESS COMMUNITY OUR PROGRAM IS DESIGNED TO ASSIST THE CLIENT COMPANY DECREASE LOST WORK TIME, MEDICAL EXPENSES, INSURANCE PREMIUMS AND MAINTAIN COMPLIANCE WITH COMPANY AND GOVERNMENT REGULATIONS WORKCARE SERVICES INCLUDE MEDICAL SURVEILLANCE, SUBSTANCE ABUSE TESTING, INJURY TREATMENT AND CASE MANAGEMENT, PHYSICAL THERAPY, WELLNESS PROMOTION AND EMPLOYEE ASSISTANCE PROGRAM IN 2013, THERE WERE 9,682 VISITS TO WORKCARE OUTPATIENT OCCUPATIONAL THERAPY AT TRINITY IS PROVIDED BOTH AS AN EXTENSION OF SERVICES RECEIVED AS AN INPATIENT OR YOU CAN RECEIVE SERVICES AS A NEW PATIENT WE ARE STAFFED TO PROVIDE EXPERTISE WITH ALL NEUROLOGICAL AND ORTHOPEDIC DISORDERS AND SPECIALIZE IN THE AREA OF HAND DISORDERS WE PROVIDE EXERCISE, MODALITIES (PARAFFIN, ULTRASOUND, IONTOPHORESIS, FLUIDOTHERAPY AND E-STIM), FUNCTIONAL ACTIVITIES,SPLINTING/BRACING AND ADL TRAINING PHYSICAL THERAPY ASSESSES YOUR MOVEMENT, STRENGTH AND ENDURANCE AND WILL HELP TO RESTORE QUALITY OF MUSCLE TONE, COORDINATION, BALANCE, STRENGTH, ENDURANCE, JOINT FLEXIBILITY AND FUNCTIONAL MOBILITY OUR DEPARTMENT IS FULLY EQUIPPED TO ALLOW FOR PRIVATE TREATMENT ADDITIONALLY A MODERN GYM IS UTILIZED FOR YOUR EXERCISE NEEDS WE PROVIDE SPECIALIZED PROGRAMS IN EXERCISE, FUNCTIONAL ACTIVITIES AND MODALITIES OUR SPEECH PATHOLOGY DEPARTMENT IS EQUIPPED TO RENDER A BROAD SPECTRUM OF DIAGNOSTIC AND REHABILITATIVE SERVICES TO CHILDREN, ADOLESCENTS AND ADULTS WITH DISORDERS ASSOCIATED WITH DECREASED COGNITIVE SKILLS, APHASIA, APRAXIA, DYSARTHRIA, VOICE, AND DELAYED SPEECH AND LANGUAGE WE ALSO SPECIALIZE IN DIAGNOSTIC AND THERAPEUTIC INTERVENTIONS FOR PATIENTS WITH SWALLOWING DISORDERS TO SUPPORT SENIORS THROUGH TRYING TIMES, WE PROUDLY OFFER THE TRINITY SENIOR PROGRAM, A THERAPEUTIC PROGRAM DESIGNED TO MEET THE EMOTIONAL AND PSYCHOLOGICAL NEEDS OF OLDER ADULTS WE SEE PATIENTS 55 YEARS OR OLDER THAT ARE EXPERIENCING EMOTIONAL DIFFICULTIES SUCH AS DEPRESSION, ANXIETY, GRIEF, ANGER AND OTHER EMOTIONAL ISSUES, THE SHORT TERM OUTPATIENT PROGRAM INCLUDES SUPPORT GROUPS, OCCUPATIONAL AND RECREATIONAL GROUPS, AND HEALTH/MEDICATION EDUCATION TRINITY HOME HEALTH IS SPECIAL HOME CARE FOR SPECIAL PEOPLE THE DISCIPLINES OFFERED ARE SKILLED NURSING CARE, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL SOCIAL SERVICES (OHIO) AND HOME HEALTH AIDES IN 2013, THE HOME HEALTH DEPARTMENT DID OVER 20,000 HOME VISITS

4b (Code) (Expenses $ 74,332,454 including grants of $ 0) (Revenue $ 83,790,311)

INPATIENT SERVICES - IN EASTERN OHIO THE HOSPITAL INCLUDES TRINITY EAST AND TRINITY WEST WHICH HAS A COMBINED CAPACITY OF OVER 500 BEDS TRINITY EAST OFFERS A VARIETY OF SERVICES INCLUDING SKILLED CARE, LONG-TERM CARE, INPATIENT PHYSICAL REHABILITATION AND BEHAVIORAL MEDICINE SERVICES (MENTAL HEALTH & ADDICTION RECOVERY) TRINITY WEST IS A FULL SERVICE ACUTE CARE FACILITY OFFERING 24-HOUR EMERGENCY CARE, KIDNEY DIALYSIS, LITHOTRIPSY, ENDOSCOPY AND RELATED SERVICES, SURGERY AND MEDICAL SURGICAL INPATIENT UNITS, COMPREHENSIVE CARDIAC CARE, PEDIATRICS, WOMEN'S HEALTH, INPATIENT/OUTPATIENT SURGICAL SERVICES, WOUND CLINIC, OCCUPATIONAL MEDICINE AND A FULL ARRAY OF DIAGNOSTIC CAPABILITIES THE TRINITY SKILLED CARE CENTER, A HOSPITAL-BASED SKILLED AND LONG TERM CARE NURSING FACILITY, IS FULLY CERTIFIED FOR 50 BEDS AND WAS DEVELOPED TO MEET THE NEEDS OF PATIENTS WHO REQUIRE ADDITIONAL SKILLED CARE BEYOND THE ACUTE PHASE OF ILLNESS OR INJURY IN 2013, TRINITY SKILLED CARE CENTER HAD 622 ADMISSIONS AND 15,372 PATIENT DAYS THE SKILLED CARE CENTER ALSO HAS AN ONGOING ACTIVITY PROGRAM PATIENTS ARE ENCOURAGED TO PARTICIPATE IN THESE ENJOYABLE ACTIVITIES AS A GROUP OR INDIVIDUALLY THE ATMOSPHERE IS INFORMAL AND RELAXING TO AID IN THE EMOTIONAL WELL-BEING OF EACH PATIENT DISCHARGE PLANNING BEGINS ON ADMISSION TO TRINITY SKILLED CARE CENTER INDIVIDUALIZED GOALS ARE ESTABLISHED WITH THE PATIENT, THE PATIENT'S FAMILY AND A HIGHLY QUALIFIED TEAM OF PROFESSIONALS THIS TEAM INCLUDES THE ATTENDING PHYSICIAN, NURSE, SOCIAL SERVICES, DIETICIAN, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST AND SPEECH THERAPIST THIS PROCESS ASSURES THE CONTINUITY OF CARE UPON DISCHARGE TRINITY'S REHABILITATION CENTER PROVIDES AN INTEGRATED AND INTERDISCIPLINARY TEAM APPROACH TO HELP PATIENTS WHO HAVE PHYSICAL IMPAIRMENTS PROGRAMS ARE AVAILABLE FOR PATIENTS WITH STROKES AND OTHER NEUROLOGICAL DISORDERS, ARTHRITIS, AMPUTATIONS, JOINT REPLACEMENTS AND OTHER ORTHOPEDIC PROBLEMS, BRAIN INJURY, AND SPINAL CORD INJURY THE CENTER HAS 20 PRIVATE ROOMS, EACH SPECIALLY DESIGNED FOR REHABILITATION PATIENTS ALSO UTILIZE A HOME-LIKE APARTMENT TO REGAIN SKILLS SUCH AS COOKING, BATHING AND DRESSING PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH-LANGUAGE PATHOLOGY AREAS HAVE STATE-OF-THE-ART EQUIPMENT, AND THE THERAPISTS ARE HIGHLY TRAINED REHABILITATION SPECIALISTS A VAN IS AVAILABLE FOR COMMUNITY OUTINGS AND HOME VISITS THESE TRIPS PROVIDE OPPORTUNITIES FOR PATIENTS TO PRACTICE THEIR SKILLS IN THEIR COMMUNITY, HOME AND WORK PLACE WHEN APPROPRIATE WITH A TEAM APPROACH TO TREATMENT, A PERSONALIZED REHABILITATION PROGRAM IS DESIGNED TO MEET THE UNIQUE NEEDS AND GOALS OF EACH PATIENT THE TEAM CONSISTS OF THE PATIENT, HIS/HER FAMILY, PHYSICIANS, REHABILITATION NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, PSYCHOLOGISTS, SOCIAL WORKERS, THERAPEUTIC RECREATIONAL SPECIALISTS, DIETICIANS, RESPIRATORY THERAPISTS, CASE COORDINATORS AND VOCATIONAL COUNSELORS THROUGH A POSITIVE, PERSONALIZED AND INTERDISCIPLINARY APPROACH, THE TEAM HELPS PATIENTS REGAIN PHYSICAL, EMOTIONAL, SOCIAL AND VERBAL SKILLS IN 2013, THE REHAB CENTER HAD 413 ADMISSIONS AND 5,462 PATIENT DAYS THE WOMEN'S HEALTH & BIRTH CENTER IS PROUD TO OFFER TOTAL MATERNITY CARE OUR SPECIALLY QUALIFIED STAFF OF DEDICATED NURSES AND PHYSICIANS GUIDES YOU AND YOUR FAMILY THROUGH A COMPREHENSIVE EDUCATION EXPERIENCE AND THE CHILDBIRTH EXPERIENCE AT THE WOMEN'S HEALTH & BIRTH CENTER YOU DELIVER YOUR BABY IN A SPECIALLY DESIGNED CHILDBEARING ROOM FOR YOUR ENTIRE HOSPITAL STAY ADMISSION PROCEDURES, LABOR, DELIVERY, AND RECOVERY YOUR POSTPARTUM STAY IS IN A SPECIALLY DESIGNED ROOM THAT MAKES THE FAMILY EXPERIENCE ONE YOU WILL ALWAYS REMEMBER OUR PRIVATE CHILDBEARING ROOMS ARE EQUIPPED FOR THE ENTIRE BIRTH EXPERIENCE ALL FORMS OF PAIN RELIEF EXCEPT GENERAL ANESTHESIA MAY BE PROVIDED IN THIS ROOM CESAREAN DELIVERIES ARE PERFORMED IN THE WOMEN'S HEALTH & BIRTH CENTER IN A MODERN, STATE OF THE ART SURGICAL SUITE, WITH LABOR AND POSTPARTUM CARE PROVIDED IN A WOMEN'S HEALTH & BIRTH CENTER SUITE THE SURGICAL SUITE MAY ALSO BE USED BY THOSE WISHING A MORE TRADITIONAL BIRTH EXPERIENCE FATHERS ARE ENCOURAGED TO STAY AT THE HOSPITAL, SLEEPING ACCOMMODATIONS ARE PROVIDED AT NO EXTRA CHARGE AT THE WOMEN'S HEALTH & BIRTH CENTER, ROOMING-IN IS FLEXIBLE AND DESIGNED TO MEET YOUR INDIVIDUAL NEEDS YOU AND YOUR FAMILY ARE PARTNERS WITH US IN THE CARE OF YOUR BABY IF YOU WANT TO REST OR HAVE TIME ALONE WE CAN CARE FOR YOUR BABY IN OUR WELL-EQUIPPED NURSERY NEAR YOUR ROOM IN THE WOMEN'S HEALTH & BIRTH CENTER, A SPECIALLY TRAINED PERINATAL NURSE IS ASSIGNED TO EACH MOTHER AND BABY TO PROVIDE PERSONAL, INDIVIDUALIZED CARE EXTRA TIME AND TEACHING ARE INTEGRAL PARTS OF THE ATTENTION WE GIVE ALL FAMILIES AFTER DISCHARGE, WE KNOW THAT QUESTIONS OFTEN ARISE AND IT IS GOOD TO HAVE SOMEONE WITH WHOM YOU CAN TALK BUT EVEN MORE, WE ARE INTERESTED IN YOU AND WE WANT TO PROVIDE AS MUCH CARE AND ASSISTANCE AS WE CAN DURING THIS SPECIAL TIME IN YOUR LIFE ONCE HOME, A PERINATAL NURSE FROM THE WOMEN'S HEALTH & BIRTHING CENTER IS AVAILABLE FOR CONSULTATION THROUGH TELEPHONE CALLS TO ALL PATIENTS SIMPLY CALL AT ANY TIME OF THE DAY OR NIGHT IF YOU NEED ASSISTANCE OR INFORMATION IN 2013, THE WOMEN'S HEALTH & BIRTH CENTER DELIVERED 501 BABIES

4c (Code) (Expenses $ 7,285,586 including grants of $ 0) (Revenue $ 8,212,584)

EMERGENCY ROOM - THE EMERGENCY SERVICES OF TRINITY HEALTH SYSTEM ARE AVAILABLE AT TRINITY MEDICAL CENTER WEST THE ER HAS BEEN REMODELED AND EXPANDED TO ACCOMMODATE PATIENTS REQUIRING TREATMENT - IT HAS DOUBLED IN SIZE AND NOW HAS TWICE AS MANY TREATMENT BEDS AVAILABLE AND MORE PHYSICIAN, PROFESSIONAL AND SUPPORT STAFF HAVE BEEN ADDED TO PROVIDE CARE A DEDICATED X-RAY ROOM, HAS BEEN CONSTRUCTED ADJACENT TO THE ER AND SPECIAL TREATMENT AREAS HAVE BEEN CONSTRUCTED FOR CARDIAC EMERGENCIES, TRAUMA, PEDIATRIC EMERGENCIES, OBSTETRICAL EMERGENCIES, SUTURING AND FRACTURES THE ER IS OPEN 24 HOURS / 7 DAYS A WEEK FOR ALL LEVELS OF EMERGENCY AND URGENT CARE IN 2013, WE HAD 47,796 EMERGENCY ROOM VISITS

(Code) (Expenses $ 5,880,753 including grants of $ 1,500) (Revenue $ 0)

ALL OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O)

(Expenses $ 5,880,753 including grants of $ 1,500) (Revenue $)

4e **Total program service expenses** ▶ 196,307,528

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or 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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	136		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	1,899		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
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" to line 3b, 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, securities account, or other financial 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 as charitable contributions?		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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		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 or note to any line 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**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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 this 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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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 ▶ OH

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 ☐ Other (explain in Schedule O)

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

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

▶ FRED BROWER 380 SUMMIT AVENUE
STEUBENVILLE, OH 43952 (740) 283-7000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BARBER VICE CHAIRMAN	2 00 2 00	X		X				0	0	0
(2) MICHAEL BIASI BOARD MEMBER	2 00 2 00	X						0	0	0
(3) FRED BROWER PRESIDENT & CEO	15 00 45 00	X		X				0	383,325	226,438
(4) DAN DAILY BOARD MEMBER	2 00 2 00	X						0	0	0
(5) PAUL DIBIASE MD BOARD MEMBER	2 00 2 00	X						11,250	0	0
(6) ERIC EXLEY SECRETARY	2 00 2 00	X		X				0	0	0
(7) JOHN FIGEL MD BOARD MEMBER	40 00 2 00	X						194,886	0	10,120
(8) SHEILA HENDRICKS BOARD MEMBER	2 00 2 00	X						0	0	0
(9) WILLIAM JOHNS MD BOARD MEMBER	12 00 2 00	X						24,000	0	0
(10) CLYDE METZGER MD CHAIRMAN	12 00 2 00	X		X				84,000	0	0
(11) MARK MORELLI BOARD MEMBER	2 00 2 00	X						0	0	0
(12) JAMES PADDEN TREASURER	2 00 2 00	X		X				0	0	0
(13) JAMES POPE BOARD MEMBER	2 00 2 00	X						0	0	0
(14) DOUGLAS SCHAEFER BOARD MEMBER	2 00 2 00	X						0	0	0
(15) DAVID SKIVIAT SR BOARD MEMBER	2 00 2 00	X						0	0	0
(16) SR JEANETTE ZIELINSKI OSF BOARD MEMBER	2 00 2 00	X						0	0	0
(17) DAVID WERKIN CFO	10 00 40 00			X				0	257,259	32,892

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NICHOLAS ECONOMIDES VP, MEDICAL AFFAIRS	5 00 35 00				X			0	302,380	36,051
(19) JOANN MULROONEY DIRECTOR OF NURSING	5 00 35 00				X			0	195,441	28,565
(20) LEWIS MUSSO VP,HUMAN RESOURCES	5 00 35 00				X			0	179,768	128,788
(21) STEVE BROWN VP MANAGEMENT SERVICES ORGANIZATION	5 00 35 00				X			0	166,442	23,692
(22) KUMAR AMIN MD PHYSICIAN	40 00 0 00					X		918,948	0	10,120
(23) SATHISH MAGGE MD PHYSICIAN	40 00 0 00					X		972,832	0	0
(24) RAMANA MURTY MD PHYSICIAN	40 00 0 00					X		1,297,482	0	10,120
(25) HIMANSHU DESAI MD PHYSICIAN	40 00 0 00					X		806,962	0	14,785
(26) RAFAEL SCHMULEVICH MD PHYSICIAN	40 00 0 00					X		1,045,382	0	10,804
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								5,355,742	1,484,615	532,375

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 ▶ 56

			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**		No
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
WASHINGTON HEALTHCRAE STRATEGIES PO BOX 463 BRIDGEVILLE PA 15017	ANESTHESIA & PHYSICIAN PRO FEES	758,595
EMERGENCY RESOURCE MGMT INC 2 HOT METAL ST 2ND FL PITTSBURGH PA 14203	HOSPITALISTS	562,780
ATLAS HEALTH CARE LINEN 60 GRINDER STREET BUFFALO NY 14215	LINEN SERVICES	447,055
MERCER HUMAN RESOURCE CONSULTING PO BOX 730182 DALLAS TX 75373	CONSULTING	375,993
STEUBEN RADIOLOGY ASSOCIATES 2720 SUNSET BLVD STEUBENVILLE OH 43952	RADIOLOGY SERVICES	252,176

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 ▶ 23

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 271,930				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	271,930			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REVENUE 621990	209,194,689	209,194,689		
	b	OTHER RELATED REVENUE 621990	3,114,534	3,114,534		
	c	ELECTRONIC MED RECORDS 621990	2,565,131	2,565,131		
	d	NON-PATIENT LABORATORY 621500	1,056,605		1,056,605	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	215,930,959			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,586,582			1,586,582
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 1,067,658				
	b	Less rental expenses 261,928				
	c	Rental income or (loss) 805,730				
	d	Net rental income or (loss) . . . . . ▶	805,730	-184,381		990,111
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 84,351,668 / 13,500				
	b	Less cost or other basis and sales expenses 76,179,905 / 136,957				
	c	Gain or (loss) 8,171,763 / -123,457				
	d	Net gain or (loss) . . . . . ▶	8,048,306			8,048,306
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a 133,680				
	b	Less direct expenses . . . b 108,776				
	c	Net income or (loss) from fundraising events . . ▶	24,904			24,904
	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	CAFETERIA 722210	1,903,337			1,903,337
	b	TUITION AND FEES 900099	828,947			828,947
	c	GIFT SHOP 453220	318,974			318,974
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	3,051,258			
	12	**Total revenue.** See Instructions . . . . . ▶	229,719,669	214,689,973	1,056,605	13,701,161

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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	1,500	1,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
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	560,426		560,426	
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	75,748,643	66,393,686	9,354,957	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,236,947	6,343,184	893,763	
9 Other employee benefits	14,892,321	13,053,119	1,839,202	
10 Payroll taxes	5,033,903	4,412,216	621,687	
11 Fees for services (non-employees)				
a Management	9,632,943	8,443,275	1,189,668	
b Legal	222,535		222,535	
c Accounting	270,291		270,291	
d Lobbying	9,814	8,602	1,212	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	164,145		164,145	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,688,531	11,274,678	1,413,853	
12 Advertising and promotion	1,039,271	910,921	128,350	
13 Office expenses	2,190,649	1,920,104	270,545	
14 Information technology	1,405,593	1,232,002	173,591	
15 Royalties . .				
16 Occupancy	7,604,393	6,665,250	939,143	
17 Travel	237,133	207,847	29,286	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,022	20,179	2,843	
20 Interest	1,826,838	1,601,224	225,614	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,023,630	8,785,712	1,237,918	
23 Insurance	1,514,358	1,327,335	187,023	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	22,596,794	22,596,794		
b DRUGS	18,477,394	18,477,394		
c BAD DEBT	12,583,726	12,583,726		
d REPAIRS & MAINTENANCE	3,422,022	2,999,402	422,620	
e All other expenses	7,763,086	7,049,378	713,708	
25 **Total functional expenses.** Add lines 1 through 24e	217,169,908	196,307,528	20,862,380	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		14,467,574	2	6,938,723
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		23,767,666	4	22,964,732
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	10,017
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,743,492	8	3,103,648
	9	Prepaid expenses and deferred charges		1,517,657	9	2,089,258
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 218,388,117			
	b	Less accumulated depreciation	10b 167,056,248	52,287,190	10c	51,331,869
	11	Investments—publicly traded securities		78,249,138	11	96,020,315
	12	Investments—other securities See Part IV, line 11		1,476,284	12	1,579,803
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		4,118,161	14	4,048,161
	15	Other assets See Part IV, line 11		20,379,853	15	22,657,141
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		200,007,015	16	210,743,667
Liabilities	17	Accounts payable and accrued expenses		22,138,153	17	17,370,310
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		39,898,963	20	38,476,856
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		509,958	23	1,709,287
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		26,909,855	25	14,266,237
	26	**Total liabilities.** Add lines 17 through 25		89,456,929	26	71,822,690
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		102,153,827	27	129,618,270
	28	Temporarily restricted net assets		6,279,515	28	7,174,913
	29	Permanently restricted net assets		2,116,744	29	2,127,794
		Organizations that do not follow SFAS 117 (ASC 958), 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		110,550,086	33	138,920,977
	34	Total liabilities and net assets/fund balances		200,007,015	34	210,743,667

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,719,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	217,169,908
3	Revenue less expenses Subtract line 2 from line 1	3	12,549,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,550,086
5	Net unrealized gains (losses) on investments	5	2,022,144
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,798,986
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	138,920,977

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?	Yes		9,814
j	Total Add lines 1c through 1i			9,814
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND OHIO HOSPITAL ASSOCIATION, OF WHICH A PORTION RELATES TO LOBBYING

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	743,000	743,000	743,000	743,000	586,000
b	Contributions					
c	Net investment earnings, gains, and losses	121,559	73,352	3,827	68,173	203,695
d	Grants or scholarships					
e	Other expenditures for facilities and programs				60,682	39,282
f	Administrative expenses	121,559	73,352	3,827	7,491	7,413
g	End of year balance	743,000	743,000	743,000	743,000	743,000

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		703,748		703,748
b Buildings		35,546,251	30,420,418	5,125,833
c Leasehold improvements		57,292	57,292	0
d Equipment		182,003,349	136,578,538	45,424,811
e Other		77,477		77,477
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				51,331,869

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF THE FOUNDATION	17,282,337
(2) DUE FROM AFFILIATES	3,592,878
(3) OTHER RECEIVABLES	556,926
(4) DUE FROM THIRD PARTY PAYORS	1,225,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	22,657,141

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
AMOUNTS DUE TO AFFILIATES	1,176,984
RETIREMENT BENEFITS PAYABLE	10,460,000
INSURANCE CLAIMS RESERVE	2,629,253
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	14,266,237

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE INTEREST IS UNRESTRICTED AND USED FOR HOSPITAL OPERATIONS THE PRINCIPLE IS RESTRICTED AND NOT USED
PART X, LINE 2	TRINITY QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE TRINITY IS EXEMPT FROM OHIO STATE INCOME TAX UNDER ORC 1702

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 UNIFORM SALE (event type)	(b) Event #2 BOOK SALE (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	35,830	34,599	63,251	133,680
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	35,830	34,599	63,251	133,680
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,204	31,123	40,450	108,777
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(108,777)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				24,903

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 Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,161,221	1,225,000	3,936,221	1 920 %
b Medicaid (from Worksheet 3, column a)		37,803	27,499,168	16,910,566	10,588,602	5 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		37,803	32,660,389	18,135,566	14,524,823	7 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4	3,033	297,365	65,730	231,635	0 110 %
f Health professions education (from Worksheet 5)	11	164	518,058	0	518,058	0 250 %
g Subsidized health services (from Worksheet 6)			6,001,846	4,236,215	1,765,631	0 860 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	30	40,597		40,597	0 020 %
j **Total.** Other Benefits	17	3,227	6,857,866	4,301,945	2,555,921	1 240 %
k **Total.** Add lines 7d and 7j	17	41,030	39,518,255	22,437,511	17,080,744	8 340 %

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

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

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 Explain in Part VI the methodology used by the organization to estimate this amount	2	12,583,726		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	242,400		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	59,824,841		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	62,660,378		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,835,537		
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group TRINITY MEDICAL CENTER WEST

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW TRINITYHEALTH COM/SITE_MEDIA/C			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☑ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	**11**		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	**12**	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	☐ Residency			
i	☐ Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	**13**	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The policy was posted on the hospital facility's website			
b	☑ The policy was attached to 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 on admission to the hospital facility			
f	☑ The policy was available upon request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	**15**	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group TRINITY MEDICAL CENTER EAST

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW TRINITYHEALTH COM/SITE_MEDIA/C			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☑ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 3 THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM CONSUMERS, COMMUNITY LEADERS/GROUPS, PUBLIC AND OTHER ORGANIZATIONS, EXPERTS IN PUBLIC HEALTH, AND OTHER PROVIDERS IN CONDUCTING ITS MOST RECENT CHNA THIS IS A COLLABORATIVE PROCESS WHERE KEY COMMUNITY MEMBERS ARE ASKED ABOUT THEIR PERCEPTION, PERSPECTIVE, AND OPINION ON THE COMMUNITY'S NEEDS IT LASTS APPROXIMATELY 2 HOURS, AND INVOLVES AN INTRODUCTION/DESCRIPTION OF THE CHNA PROCESS, 4 GROUP EXERCISES/DISCUSSIONS, AN OPTIONAL BREAK, AND A WRAP UP
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 3 THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM CONSUMERS, COMMUNITY LEADERS/GROUPS, PUBLIC AND OTHER ORGANIZATIONS, EXPERTS IN PUBLIC HEALTH, AND OTHER PROVIDERS IN CONDUCTING ITS MOST RECENT CHNA THIS IS A COLLABORATIVE PROCESS WHERE KEY COMMUNITY MEMBERS ARE ASKED ABOUT THEIR PERCEPTION, PERSPECTIVE, AND OPINION ON THE COMMUNITY'S NEEDS IT LASTS APPROXIMATELY 2 HOURS, AND INVOLVES AN INTRODUCTION/DESCRIPTION OF THE CHNA PROCESS, 4 GROUP EXERCISES/DISCUSSIONS, AN OPTIONAL BREAK, AND A WRAP UP
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 4 -TRINITY MEDICAL CENTER EAST-TRINITY HEALTH SYSTEM GROUP
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 4 -TRINITY MEDICAL CENTER WEST-TRINITY HEALTH SYSTEM GROUP
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 5D THE PLAN AND IMPLEMENTATION GRID HAS BEEN DISTRIBUTED TO COMMUNITY AGENCIES WHICH CONTRIBUTED TO PLAN DEVELOPMENT AND WHICH COULD CONTRIBUTE TO SOLUTION IMPLEMENTATION
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 5D THE PLAN AND IMPLEMENTATION GRID HAS BEEN DISTRIBUTED TO COMMUNITY AGENCIES WHICH CONTRIBUTED TO PLAN DEVELOPMENT AND WHICH COULD CONTRIBUTE TO SOLUTION IMPLEMENTATION
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 6I IMPLEMENTATION STRATEGIES TO ADDRESS COMMUNITY NEEDS INCLUDES INITIATIVES DEVELOPED THROUGH TRINITY'S RELATIONSHIP WITH THE YMCA PROGRAMS AND SERVICES DESIGNED TO ADDRESS YOUTH/ADULT OBESITY, DIABETES, PRE-DIABETES AND OTHER CHRONIC DISEASE CONDITIONS HAVE ALL BEEN INITIATED TRINITY HAS ALSO BEEN A PARTICIPANT IN A COMMUNITY DEVELOPMENT PLAN AND HAS PARTNERED WITH REGIONAL AGENCIES TO ADDRESS PRIORITY NEEDS IN COOPERATION WITH PARTNERED AGENCIES RELATED TO HEALTHY LIFESTYLES
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 6I IMPLEMENTATION STRATEGIES TO ADDRESS COMMUNITY NEEDS INCLUDES INITIATIVES DEVELOPED THROUGH TRINITY'S RELATIONSHIP WITH THE YMCA PROGRAMS AND SERVICES DESIGNED TO ADDRESS YOUTH/ADULT OBESITY, DIABETES, PRE-DIABETES AND OTHER CHRONIC DISEASE CONDITIONS HAVE ALL BEEN INITIATED TRINITY HAS ALSO BEEN A PARTICIPANT IN A COMMUNITY DEVELOPMENT PLAN AND HAS PARTNERED WITH REGIONAL AGENCIES TO ADDRESS PRIORITY NEEDS IN COOPERATION WITH PARTNERED AGENCIES RELATED TO HEALTHY LIFESTYLES
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 7 THE HOSPITAL HAS ADOPTED AN IMPLEMENTATION STRATEGY FOR 2013-2016 THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THIS REPORT HAS BEEN PROVIDED AS AN ATTACHMENT TO THE 990
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 7 THE HOSPITAL HAS ADOPTED AN IMPLEMENTATION STRATEGY FOR 2013-2016 THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THIS REPORT HAS BEEN PROVIDED AS AN ATTACHMENT TO THE 990
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 11 PATIENTS WHO QUALIFY FOR THE SLIDING SCALE PAYMENT AS DEFINED BY THE INDIGENT CARE POLICY ARE ELIGIBLE FOR THIS DISCOUNT, WHICH WILL BE APPLIED SUBSEQUENT TO THE SLIDING SCALE REDUCTIONS UNINSURED PATIENTS WILL RECEIVE A 40% DISCOUNT OFF TOTAL CHARGES
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 11 PATIENTS WHO QUALIFY FOR THE SLIDING SCALE PAYMENT AS DEFINED BY THE INDIGENT CARE POLICY ARE ELIGIBLE FOR THIS DISCOUNT, WHICH WILL BE APPLIED SUBSEQUENT TO THE SLIDING SCALE REDUCTIONS UNINSURED PATIENTS WILL RECEIVE A 40% DISCOUNT OFF TOTAL CHARGES
TRINITY MEDICAL CENTER WEST	PART V, SECTION B, LINE 20D ALL PATIENTS ARE BILLED AT GROSS CHARGES AND THEN THE APPLICABLE DISCOUNTS ARE APPLIED BASED ON FINANCIAL NEEDS OR CONTRACTUAL OBLIGATION THE UNINSURED DISCOUNT IS 40 PERCENT OFF OF BILLED CHARGES THE 40 PERCENT IS BASED ON THE ESTIMATED AVERAGE OF COMMERCIAL INSURANCE DISCOUNTS
TRINITY MEDICAL CENTER EAST	PART V, SECTION B, LINE 20D ALL PATIENTS ARE BILLED AT GROSS CHARGES AND THEN THE APPLICABLE DISCOUNTS ARE APPLIED BASED ON FINANCIAL NEEDS OR CONTRACTUAL OBLIGATION THE UNINSURED DISCOUNT IS 40 PERCENT OFF OF BILLED CHARGES THE 40 PERCENT IS BASED ON THE ESTIMATED AVERAGE OF COMMERCIAL INSURANCE DISCOUNTS

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	PATIENTS WHO QUALIFY FOR THE SLIDING SCALE PAYMENT AS DEFINED BY THE INDIGENT CARE POLICY ARE ELIGIBLE FOR THIS DISCOUNT, WHICH WILL BE APPLIED SUBSEQUENT TO THE SLIDING SCALE REDUCTIONS UNINSURED PATIENTS WILL RECEIVE A 40% DISCOUNT OFF TOTAL CHARGES
PART I, LINE 7	A COST-TO-CHARGE RATIO WAS USED TO COMPLETE THE CHARITY CARE (LINE 7A) AND MEANS-TESTED GOVERNMENT PROGRAMS (LINE 7B) THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 THAT ACCOMPANIES THE INSTRUCTIONS TO THIS SCHEDULE THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I)

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDE THE PRENATAL CLINIC, FAMILY BIRTH CENTER, AND BEHAVIORAL MEDICINE
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24 - BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE SCHEDULE H, PART I, COLUMN F PERCENTAGE EQUALS $12,583,726

Form and Line Reference	Explanation
PART III, LINE 4	ACCOUNTS RECEIVABLE FINANCIAL STATEMENT FOOTNOTE PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, TRINITY ANALYZES ITS HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISIONS FOR BAD DEBTS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON SPECIFIC ACCOUNTS, HISTORICAL WRITE OFF EXPERIENCE, AND CURRENT MARKET CONDITIONS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, TRINITY ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLES AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, TRINITY RECORDS A PROVISION FOR BAD DEBTS ON THE BASIS OF EXPERIENCE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNT ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL HAS ESTIMATED THAT APPROXIMATELY 2 PERCENT OF THE ORGANIZATION'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY THE 2 PERCENT IS AN ESTIMATE BASED ON THE HOSPITAL'S EXPERIENCE WITH HUMANARC'S RETROSPECTIVE WORK THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2, IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX
PART III, LINE 8	THE AMOUNTS REPORTED FOR MEDICARE ARE FROM THE MEDICARE COST REPORT - WHICH IS BASED ON THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT JEFFERSON COUNTY, WHERE TRINITY HEALTH SYSTEM IS LOCATED, HAS ONE OF THE HIGHEST PROPORTIONS OF ELDERLY IN THE STATE OF OHIO AS A RESULT, THE USE OF HEALTH CARE SERVICE, AND ALSO MEDICARE, IS HIGHER THAN THE STATE AVERAGE TRINITY ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY

Form and Line Reference	Explanation
PART III, LINE 9B	THE HEALTH SYSTEM IS COMMITTED TO SERVICE EVERYONE AND ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HEALTH SYSTEM ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S ABILITY TO PAY, THE HEALTH SYSTEM UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS ESTABLISHED BY THE FEDERAL GOVERNMENT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO PATIENT INCOME AND RESOURCES THE HEALTH SYSTEM'S POLICY PROVIDES CHARITY CARE TO PATIENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE HOSPITAL RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY IN 2013, CHARITY CARE APPROXIMATED $13,260,890 TO EDUCATE AND INFORM OUR PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER OUR CHARITY CARE POLICY, SELF-PAY INPATIENTS ARE INTERVIEWED BY THE ORGANIZATION'S FINANCIAL COUNSELORS AT THIS TIME, THE CHARITY IS DISCUSSED AND EXPLAINED TO THE PATIENT AND THEY MAY REQUEST A CHARITY APPLICATION TO COMPLETE IF A PATIENT HAPPENS TO BE DISCHARGED WITHOUT BEING INTERVIEWED, THE FIRST PATIENT BILLING STATEMENT ALSO STATES THE CHARITY GUIDELINES AND THEY ARE GIVEN THE OPPORTUNITY TO CONTACT THE HOSPITAL FOR AN APPLICATION FOR OUTPATIENT ACCOUNTS, ANY BALANCE BILLING AFTER INSURANCE ALSO EXPLAINS THE CHARITY GUIDELINES TO PATIENTS
PART VI, LINE 2	TRINITY HEALTH SYSTEM, WHICH CONSISTS OF TWO HOSPITALS - TRINITY EAST AND TRINITY WEST, IS A 500 BED HEALTH SYSTEM LOCATED IN STEUBENVILLE, OHIO TRINITY HEALTH SYSTEM IS AN EXTENSION OF THE MISSIONS AND PROUD HERITAGES OF ITS CO-SPONSORS, TRI STATE HEALTH SERVICES (REFLECTING THE PERSPECTIVES OF THE LOCAL COMMUNITY) AND SYLVANIA FRANCISCAN HEALTH (REPRESENTING THE PERSPECTIVES OF THE HEALTH CARE MINISTRY OF THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO) AS A NON-PROFIT, CHARITABLE HEALTH CARE DELIVERY SYSTEM, TRINITY HEALTH SYSTEM IS DEDICATED TO PRESERVING THE SECULAR COMMUNITY TRADITIONS AND THE CATHOLIC TRADITIONS OF ITS CO-SPONSORS IN THE DELIVERY OF HEALTH CARE IN THE GREATER STEUBENVILLE, OHIO REGION THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO SPONSOR THEIR HEALTH AND HUMAN SERVICES MINISTRY THROUGH FRANCISCAN SERVICES CORPORATION THE ORGANIZATION, LOCATED IN OHIO, TEXAS, AND KENTUCKY INCLUDE SIX HOSPITALS, EIGHT LONG-TERM CARE FACILITIES, FOUR ASSISTED LIVING FACILITIES, INDEPENDENT SENIOR HOUSING, A COUNSELOR CENTER AND A LONG-TERM DOMESTIC SHELTER TRINITY HEALTH SYSTEM IS ORGANIZED TO PROMOTE THE HEALTH OF THE COMMUNITY OUR MISSION IS TO BE A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA WE PURSUE THAT MISSION THROUGH TWO RESPECTED HOSPITALS, AS WELL AS IN OUTPATIENT FACILITIES, PHYSICIAN'S OFFICES, COMMUNITY OUTREACH SITES AND HOMES THROUGHOUT THE TRI-STATE AREA OUR MISSION IS THE PURPOSE OF THE ORGANIZATION WE ARE ORGANIZED TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS WE EXECUTE OUR MISSION UNDER THE AUTHORITY OF OUR BOARD MEMBERS INCLUDE COMMUNITY REPRESENTATIVES WHO RESIDE IN THE ORGANIZATIONS PRIMARY SERVICE AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBER THEREOF THE BOARD'S MISSION ALSO INCLUDES PROCESSES FOR DETERMINING AND RESPONDING TO HEALTH NEEDS SERVING MORE THAN 222,000 PATIENTS IN 2013, TRINITY IS A LEADING HEALTHCARE SYSTEM IN THE VALLEY OUR 1,800 EMPLOYEES AND PHYSICIANS UTILIZE STATE-OF-THE-ART FACILITIES, ADVANCED TECHNOLOGIES AND THE LATEST PROCEDURES TO ACCOMPLISH OUR MISSION AND TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE IN CONJUNCTION WITH THE TRI-STATE HEALTH SERVICES, ONE OF OUR SPONSORS, WE PROVIDE A MOBILE MEDICAL VAN THAT GOES TO VARIOUS PLACES IN OUR COMMUNITY TO EDUCATE THE POPULATION ABOUT DIFFERENT TOPICS AND PROVIDE HEALTHCARE FOR THE POOR AND OTHER DISADVANTAGED RESIDENTS AT EACH SITE THE VAN VISITS, THE FOLLOWING TESTS ARE AVAILABLE FREE BREATHING TEST, FREE BLOOD PRESSURE, FREE BLOOD TEST FOR AAT DEFICIENCY (DETERMINES THOSE AT RISK OF DEVELOPING COPD) THE HEALTH SYSTEM'S PRIMARY SERVICE AREA ENCOMPASSES A THREE COUNTY AREA IN OHIO AND WEST VIRGINIA THE COUNTIES ARE JEFFERSON COUNTY, OHIO AND BROOKE AND HANCOCK COUNTIES, WV RESIDENTS FROM THESE 3 COUNTIES PROVIDE FOR OVER 11,000 ADMISSIONS TO THE SYSTEM AND ACCOUNT FOR 85% OF THE HOSPITAL'S ADMISSIONS JEFFERSON COUNTY IS LOCATED ON THE OHIO AND WEST VIRGINIA BORDERS ALONG THE OHIO RIVER, APPROXIMATELY 40 MILES WEST OF PITTSBURGH, PA JEFFERSON COUNTY HAS EXPERIENCED A DECLINING POPULATION OVER THE PAST 20 YEARS AND HAS THE HIGHEST POPULATION OF ELDERLY IN THAT STATE OF OHIO AS A RESULT, THE USE OF HEALTH CARE SERVICES IS HIGHER THAN THE STATE AVERAGE WE ARE ALSO DEDICATED TO MEDICAL EDUCATION, SPONSORING A TWO YEAR NURSING DEGREE PROGRAM THE PURPOSE OF THE TRINITY HEALTH SYSTEM SCHOOL OF NURSING IS TO PREPARE A BEGINNING PROFESSIONAL NURSE THE PROGRAM ASSISTS INDIVIDUALS TO ACHIEVE CURRICULUM OUTCOMES AND DEMONSTRATES PROFESSIONAL COMPETENCIES NECESSARY TO PRACTICE IN A VARIETY OF HEALTH CARE SETTINGS AND INCORPORATES THE CORE VALUES OF TRINITY HEALTH SYSTEM THE PHILOSOPHY OF THE TRINITY HEALTH CARE SYSTEM SCHOOL OF NURSING IS REFLECTIVE OF FACULTY BELIEFS AND IS IN ACCORD WITH THE MISSION OF THE TRINITY HEALTH SYSTEM THE SCHOOL OF NURSING FULFILLS ITS RESPONSIBILITY TO SOCIETY BY PREPARING A PROFESSIONAL NURSE WHO PRACTICES SAFELY AND ETHICALLY WITHIN THE HOSPITAL OR OTHER HEALTHCARE SETTINGS THE TRINITY HEALTH SYSTEM SCHOOL OF NURSING IS A 24-MONTH DIPLOMA PROGRAM, IS ACCREDITED BY THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION, (INITIAL PROGRAM ACCREDITATION JUNE, 1965) AND IS APPROVED BY THE OHIO BOARD OF NURSING THE SCHOOL OF NURSING IS CERTIFIED BY THE OHIO BOARD OF REGENTS, AN AFFILIATE OF THE HELENE FUND HEALTH TRUST, AND IS APPROVED BY THE OHIO DEPARTMENT OF EDUCATION FOR VETERAN'S ADMINISTRATION BENEFITS THE SCHOOL IS AFFILIATED WITH TWO MODERN PROGRESSIVE MEDICAL FACILITIES, TRINITY MEDICAL CENTER EAST AND TRINITY MEDICAL CENTER WEST, THAT PROVIDE STUDENT CLINICAL LEARNING EXPERIENCE IN BOTH OUT-PATIENT AND IN-PATIENT ACUTE/MEDICAL SURGICAL CARE, EXTENDED-CARE, REHABILITATIVE CARE, AND HEALTH CLINIC SETTINGS TRINITY MEDICAL CENTER EAST/WEST ARE ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATION AND HOLD INSTITUTIONAL MEMBERSHIP IN THE OHIO HOSPITAL ASSOCIATION AND THE VOLUNTARY HOSPITAL ASSOCIATION OF AMERICA EASTERN GATEWAY COMMUNITY COLLEGE (EGCC) IS AN ACCREDITED EDUCATIONAL INSTITUTION THE COLLEGE WAS CHARTERED FOR OPERATION IN 1966 AS A PUBLIC COLLEGE BY THE OHIO BOARD OF REGENTS STUDENTS RECEIVE FULL CREDIT FOR COLLEGE COURSES THROUGH THIS AFFILIATION CLASSES ARE TAUGHT BY EGCC FACULTY AT THE SCHOOL OF NURSING CAMPUS

Form and Line Reference	Explanation
PART VI, LINE 3	THE HEALTH SYSTEM IS COMMITTED TO SERVE EVERYONE REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HEALTH SYSTEM ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S ABILITY TO PAY, THE HEALTH SYSTEM UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS ESTABLISHED BY THE FEDERAL GOVERNMENT,BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO PATIENT INCOME AND RESOURCES THE HEALTH SYSTEM'S POLICY PROVIDES CHARITY CARE TO PATIENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE HOSPITALRECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY IN 2013,CHARITY CARE APPROXIMATED $13,260,890 TO EDUCATE AND INFORM OUR PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER OUR CHARITY CARE POLICY, SELF-PAY INPATIENTS ARE INTERVIEWED BY THE ORGANIZATION'S FINANCIAL COUNSELORS AT THIS TIME, THE CHARITY ISDISCUSSED AND EXPLAINED TO THE PATIENT AND THEY MAY REQUEST A CHARITY APPLICATION TO COMPLETE IF A PATIENT HAPPENS TO BE DISCHARGED WITHOUT BEING INTERVIEWED, THE FIRST PATIENT BILLING STATEMENT ALSO STATES THE CHARITY GUIDELINES AND THEY ARE GIVEN THE OPPORTUNITY TO CONTACT US FOR CHARITY APPLICATIONS FOR OUTPATIENT ACCOUNTS, ANY BALANCE BILLING AFTER INSURANCE ALSO EXPLAINS THE CHARITY GUIDELINES TO PATIENTS
PART VI, LINE 4	THE HEALTH SYSTEM CONSIDERS JEFFERSON COUNTY, OHIO AND BROOKE AND HANCOCK, WEST VIRGINIA, TO BE ITS PRIMARY SERVICE AREA, WITH THE MAJORITY OF BUSINESS COMING FROM JEFFERSON COUNTY RESIDENTS (JEFFERSON COUNTY ACCOUNTS FOR 66% OF INPATIENT BUSINESS) THE POPULATION OF JEFFERSON COUNTY HAS DECLINED OVER THE PAST 20 YEARS AND IS PROJECTED TO CONTINUE TO DECLINE IN ALL AGE COHORTS THE UNEMPLOYMENT RATE OF THE SERVICE AREA IS WELL ABOVE BOTH STATE AND NATIONAL AVERAGES, WITH THE MOST RECENT DATA REPORTED FOR THE FIRST QUARTER OF 2009 FOR JEFFERSON COUNTY TO BE 10 5% BROOKE AND HANCOCK COUNTIES REPORT SIMILAR UNEMPLOYMENT RATES FOR THE FIRST QUARTER AT 9 9% AND 10 4%, RESPECTIVELY A KEY CHALLENGE FOR THE HEALTH SYSTEM IS OPERATING WITHIN AN AREA THAT IS EXPERIENCING SIGNIFICANT POPULATION DECLINES AND A DETERIORATING ECONOMIC CLIMATE THE HEALTH SYSTEM EXPERIENCES SIGNIFICANT OUT-MIGRATION, BOTH DIRECTED BY THE HOSPITAL AS WELL AS BY PATIENT/PHYSICIAN PREFERENCE UNTIL 2006, OUT MIGRATION HAD BEEN ON A RISE FOR PRIMARY SERVICE AREA RESIDENTS WHO UTILIZE PENNSYLVANIA AND OHIO HOSPITALS HOWEVER, BEGINNING IN 2007, OUT MIGRATION FROM TRINITY'S PRIMARY SERVICE AREA TO OTHER HOSPITALS IN OHIO, PENNSYLVANIA, AND WEST VIRGINIA HAS DECLINED IN 2007, (MOST RECENT PUBLIC DATA AVAILABLE), WE HAVE SEEN REDUCTION IN OUT MIGRATION FROM OUR PRIMARY SERVICE AREA TO PENNSYLVANIA, OHIO AND WEST VIRGINIA HOSPITALS OF (10 1%), (4 8%) AND (2 5%) RESPECTIVELY WE HAVE ALSO REALIZED AN INCREASE IN MARKET SHARE IN JEFFERSON COUNTY FROM 2006 LEVEL OF 65 68% TO 2007 LEVEL OF 66 27% WE HAVE SEEN SIMILAR INCREASES IN BROOKE AND HANCOCK COUNTIES AS WELL WITH THE MARKET SHARE INCREASING FROM 2006 LEVEL OF 20 99% TO 2007 LEVEL OF 21 46% OVERALL, THE DATA DOCUMENTS THAT WE MET OUR PLANNING GOAL OF IMPROVING THE MARKET SHARE BY 1 PERCENTAGE POINT A YEAR OVERALL, THE SERVICE AREA OF THE SYSTEM HAS A LOWER AVERAGE HOUSEHOLD INCOME THAN THE STATE OF OHIO AND A HIGHER UNEMPLOYMENT RATE JEFFERSON COUNTY IS ECONOMICALLY DEPRESSED WITH A PER-CAPITA INCOME LOWER THAN STATE AVERAGES ALL 3 COUNTIES IN THE SYSTEM'S IMMEDIATE SERVICE AREA HAVE A HIGHER PROPORTION OF THE POPULATION AT OR BELOW THE POVERTY LEVEL THE ECONOMIC CONDITIONS OF THE AREA HAVE HINDERED THE GROWTH OF THE HOSPITAL AND MORE SELF-PAY PATIENTS HAVE TAKEN ADVANTAGE OF THE HOSPITAL'S SERVICES CHARITY CARE AND BAD DEBT ACCOUNTS HAVE INCREASED EACH YEAR FOR THE LAST FEW YEARS AS RECENTLY UNEMPLOYED RESIDENTS LOSE THEIR HEALTH BENEFITS, WE EXPECT HIGHER CHARITY CARE LEVELS THE PAYOR MIX AT TRINITY IS HEAVILY WEIGHTED TO THE GOVERNMENTAL PAYERS, WITH 42% OF THE 2013 YTD REVENUE GENERATED FROM MEDICARE AND 8% GENERATED FROM THE MEDICAID PROGRAM WITH THE 2 PROGRAMS RECORDING SIGNIFICANT SHORTFALLS BETWEEN PAYMENT TO HOSPITALS AND HOSPITAL COSTS, THE ECONOMIC CHALLENGES FOR TRINITY ARE GREAT

Form and Line Reference	Explanation
PART VI, LINE 5	- TRINITY'S HEART CENTER MEANS NO MORE WASTED TIME IN TRAVEL TO PITTSBURGH HOSPITALS - WHEN TIME IS A KEY FACTOR FOR HEART RELATED PROBLEMS MINUTES ARE CRUCIAL TO THE SURVIVAL OF PEOPLE WITH THE SUDDEN ONSET OF SERIOUS CARDIAC PROBLEMS NOW SUPERIOR HEART CARE WILL BE A LOT CLOSER TO WHERE YOU LIVE AND WORK TRINITY'S HEART CENTER OFFERS ALL AREAS OF HEART CARE INCLUDING OPEN HEART SURGERY, ANGIOPLASTY, NUCLEAR CARDIOLOGY, ULTRASOUND, EKG, ELECTROPHYSIOLOGY PROCEDURES, CARDIAC REHABILITATION, STRESS TESTING, AND EDUCATIONAL PROGRAMS - TRINITY HEALTH SYSTEM ONCE AGAIN SPONSORED HEARTLAND DESIGNED AS THE "LARGEST HEART RISK APPRAISAL UNDER ONE ROOF", THE EVENT MARKS ITS SIXTEENTH YEAR TRINITY HEALTH SYSTEM IS OFFERING THIS PROGRAM TO HELP COMMUNITY MEMBERS IMPROVE THEIR HEALTH THROUGH SCREENINGS AND INFORMATION THE EVENT INCLUDES THE COMMUNITY BLOOD ANALYSIS WHICH TESTS PARTICIPANTS BLOOD FOR OVER 30 DIFFERENT SCREENS OUR SCREENING HAS BEEN WELL ATTENDED FOR FIFTEEN YEARS AND WE ALWAYS EXPECT A LARGE CROWD SEVERAL TRINITY HEALTH SYSTEM SERVICES PERSONNEL WILL BE ON HAND TO DISCUSS THEIR SERVICES AND PROVIDE SCREENINGS IN CONJUNCTIONS WITH THE SCREENINGS COST OF THE BLOOD SCREENING IS $30 00 OVER 21,500 AREA RESIDENTS HAVE PARTICIPATED IN THE EVENT OVER THE YEARS - TRINITY HEALH SYSTEM OFFERS A WIDE VARIETY OF HEALTH EDUCATION AND ASSISTANCE PROGRAMS THAT ARE AVAILABLE TO THE COMMUNITY MANY OF THESE SERVICES ARE EITHER FREE OR ARE AVAILABLE FOR A NOMINAL FEE - COMMUNITY SERVICE REFERRAL IS A FREE SERVICE PROVIDED TO THE COMMUNITY THE HOSPITAL CAN PROVIDE INFORMATION AND REFERRALS TO NUMEROUS AREA AGENCIES WITH PROVIDE SUCH PROGRAMS AS SELF-HELP GROUPS, SOCIAL SERVICES (EMERGENCY FOOD/SHELTER, ETC), TRANSPORTATION, MEDICAL SUPPLY COMPANIES, AND NATIONAL MEDICAL HOTLINES THE AGENCIES DO NOT HAVE TO PAY A FEE TO BE LISTED WITH REFERRAL SERVICES - TRINITY HEALTH SYSTEM'S CARDIAC REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED THESE CHANGES ARE ACHIEVED THROUGH SAFE, PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF RISK FACTORS ASSOCIATED WITH HEART DISEASE THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT BY PARTICIPATING IN OUR CARDIAC REHABILITATION PROGRAM, PATIENTS CAN LEARN HOW TO ACHIEVE AND MAINTAIN THE HEALTHIEST LIFESTYLE POSSIBLE OUR SPECIALLY TRAINED STAFF WORKS WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS AS AN INTEGRAL PART OF THE OVERALL PROGRAM, EDUCATION INCREASES A PATIENT'S UNDERSTANDING OF THEIR ILLNESS AND HELPS THEM TO IDENTIFY CURRENT HABITS THAT CAN NEGATIVELY AFFECT THEIR CARDIAC CONDITION WE COVER ISSUES LIKE RISK FACTOR REDUCTION, ANGINA, HEART ATTACK, MEDICATION, DIETARY AND EXERCISE GUIDELINES, SMOKING, AND BREATHING AND RELAXATION METHODS REGULAR EXERCISE INCREASES STRENGTH AND IMPROVES MUSCLE TONE IT CAN ALSO DECREASE A PATIENT'S RESTING HEART RATE AND BLOOD PRESSURE, ASSIST IN WEIGHT CONTROL, DECREASE STRESS, AND ENHANCE THEIR ABILITY TO PERFORM DAILY ACTIVITIES SUPPORT WILL HELP PATIENTS AND THEIR FAMILIES REALIZE THEY ARE NOT ALONE AND TO DEVELOP RELATIONSHIPS WITH OTHER CLIENTS AND STAFF - THE DIABETES OUTPATIENT EDUCATION PROGRAM AT TRINITY HEALTH SYSTEM IS SPECIFICALLY DESIGNED TO AID THE PATIENT WITH DIABETES TO MAKE RESPONSIBLE DECISIONS IN THE CARE OF THEIR DISEASE THE PROGRAM IS OFFERED IN SEVEN SESSIONS CONTENT INCLUDES DISEASE PROCESS, ACUTE COMPLICATIONS/SICK DAYS, TRAVELING, NUTRITIONAL SESSIONS BY A CERTIFIED DIETICIAN, EXERCISE AND MONITORING, MEDICATIONS, AND GENERAL HEALTH CARE / CHRONIC COMPLICATIONS - TRINITY HEALTH SYSTEM'S CHILDBIRTH PREPARATION CLASSES CAN HELP PREPARE MOTHERS AND FAMILIES FOR THE NEW CHALLENGES THAT COME WITH THE BIRTH OF A CHILD OUR PROFESSIONAL STAFF OF NURSES CAN HELP PARENTS, GRANDPARENTS AND SIBLINGS PREPARE FOR AN UPCOMING BIRTH EVENT, AND CAN OFFER INSIGHTFUL ADVICE AND INFORMATION ON HOW TO CARE FOR A NEWBORN OUR PROGRAM GUIDES AND SUPPORTS PARENTS DURING PREGNANCY, LABOR, DELIVERY, AND PARENTHOOD WE WILL DISCUSS ISSUES RELATING TO UPCOMING LABOR, DELIVERY, ANESTHESIA, PRENATAL TESTING, INFANT CARE, SAFETY THIS COURSE INCLUDES PREPARING PARENTS FOR LABOR AND BIRTH THROUGH THE USE OF RELAXATION AND BREATHING TECHNIQUES PARENTS WILL ALSO BE GIVEN A TOUR OF AND ORIENTATION TO TRINITY'S FAMILY BIRTH CENTER - TRINITY HEALTH SYSTEM'S PULMONARY REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED THESE CHANGES ARE ACHIEVED THROUGH SAFE, PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF CHRONIC OBSTRUCTED PULMONARY DISEASE THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT AGE IS NOT A FACTOR BY PARTICIPATING IN OUR PULMONARY REHABILITATION PROGRAM, PATIENTS CAN LEARN HOW TO ACHIEVE AND MAINTAIN THE HEALTHIEST LIFESTYLE POSSIBLE OUR SPECIALLY TRAINED STAFF WORKS WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS THE GOALS OF TRINITY HEALTH SYSTEM'S PULMONARY REHABILITATION PROGRAM ARE INCREASED UNDERSTANDING OF LUNG DISEASE, INCREASED MUSCULAR FITNESS, INCREASED ENDURANCE, IMPROVED SENSE OF WELL-BEING, AND DECREASED SHORTNESS OF BREATH WITH ACTIVITY - GRANDCARE AT TRINITY MEDICAL CENTER WEST IS THE NEXT BEST THING TO GRANDMA'S ARMS WHEN A CHILD IS SICK WORK SCHEDULES OR PLANS CAN BE DISRUPTED AND USUALLY CANCELLED DUE TO A LACK OF QUALIFIED CHILD CARE PROGRAMS FOR SICK CHILDREN CHILDREN FROM SIX WEEKS TO SIXTEEN YEARS OF AGE ARE WELCOME AND THE SERVICE IS AVAILABLE 24 HOURS A DAY AND SEVEN DAYS A WEEK ONLY CHILDREN SUFFERING FROM CHICKEN POX, OR PHYSICALLY AND EMOTIONALLY HANDICAPPED ARE EXCLUDED ALL SERVICES SUCH AS ISOLATION AND PRESCRIBED THERAPIES ARE AVAILABLE MEMBERS OF THE PEDIATRIC DEPARTMENT NURSING STAFF ARE IN CHARGE OF CARE MEALS AND SNACKS ARE INCLUDED THE SPEAKER'S BUREAU WILL ADDRESS COMMUNITY ORGANIZATIONS, SCHOOLS, CHURCHES, AND BUSINESSES TOPICS INCLUDE ACLS, ERGONOMICS, ORTHOPEDIC, ADVANCE DIRECTIVES, EXERCISE, DISORDERS/DISEASE, AIDS/HIV, FOOT/ANKLE DISORDERS, OSTEOARTHRITIS, AQUATICS, GASTROENTEROLOGY DISEASES, OSTEOPOROSIS, BIRTH CONTROL, HEALTH CARE REFORM, PHYSICAL THERAPY, BODY RECALL, HEART DISEASE, PROSTATE DISEASE, CANCER, HEARTLAND, SEIZURES, CARDIAC REHABILITATION, HOME HEALTH, SENIORS BENEFITS, CHILD DEVELOPMENT, IMPOTENCE, SEXUALLY TRANSMITTED DISEASE, CHILDBIRTH, INCONTINENCE, CHILDHOOD IMMUNIZATIONS, INFECTIOUS DISEASES, SKIN DISORDERS, CPR/FIRST AID, MEDICATIONS/DRUG THERAPY, SMOKING CESSATION, DIABETIC FOOT CARE, NEONATOLOGY, SPORTS MEDICINE, DRUG ABUSE, NEUROLOGICAL DISORDERS, STRESS MANAGEMENT, EATING DISORDERS, NUTRITION, TEENAGE SEXUALITY, EKG, OCCUPATIONAL THERAPY, WEIGHT MANAGEMENT, ENT DISORDERS, OPTHALMOLOGY, WELLNESS, ENTEROSTOMAL THERAPY, AND WOMEN'S HEALTH ISSUES - THE EMERGENCY SERVICES OF TRINITY HEALTH SYSTEM ARE AVAILABLE AT TRINITY MEDICAL CENTER WEST EMERGENCY SERVICES ARE OPEN TO ALL, REGARDLESS OF ABILITY TO PAY IN 2013, WE HAD OVER 47,700 ER VISITS THE TRINITY MEDICAL CENTER WEST EMERGENCY DEPARTMENT HAS BEEN REMODELED AND EXPANDED TO ACCOMMODATE PATIENTS REQUIRING TREATMENT THE EMERGENCY DEPARTMENT HAS DOUBLED IN SIZE AND TWICE AS MANY TREATMENT BEDS ARE NOW AVAILABLE A DEDICATED X-RAY ROOM HAS BEEN CONSTRUCTED ADJACENT TO THE EMERGENCY DEPARTMENT PHYSICIAN, PROFESSIONAL AND SUPPORT STAFF HAVE BEEN ADDED TO PROVIDE CARE FOR PATIENTS 24 HOURS / 7 DAYS PER WEEK SPECIAL TREATMENT AREAS HAVE BEEN CONSTRUCTED FOR CARDIAC EMERGENCIES, OBSTETRICAL EMERGENCIES, PEDIATRIC EMERGENCIES, TRAUMA, SUTURING (STITCHES), AND FRACTURES TRINITY SERVICES ALL LEVELS OF EMERGENCY AND URGENT CARE INCLUDING CARDIAC EMERGENCIES, ACUTE RESPIRATORY EMERGENCIES, TRAUMA, CHEST PAIN CENTER, FRACTURES, AND SUTURING AS WELL AS MEDICAL EMERGENCIES INCLUDING, BUT NOT LIMITED TO ACUTE APPENDICITIS, CEREBRAL ANEURYSMS, GALL BLADDER ATTACKS, ACUTE ABDOMINAL PAIN, PEDIATRIC EMERGENCIES, AND UNEXPECTED BLEEDING OR SEVERE PAIN - TRINITY DEVELOPED A PARTNERSHIP WITH THE YMCA THE YMCA IS A MEMBERSHIP ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY THROUGH PROGRAMS, SERVICE AND LEADERSHIP, THE YMCA PROMOTES ETHICAL VALUES THAT CONTRIBUTE TO ITS MEMBERS' GROWTH IN BUILDING HEALTHY SPIRITS, MINDS AND BODIES THE YMCA IS OPEN FOR ALL, PROVIDING FINANCIAL ASSISTANCE TO THOSE IN NEED FOR MORE THAN 100 YEARS, THE YMCA HAS SERVED THE COMMUNITIES IN THE TRI-STATE AREA OF OHIO, WEST VIRGINIA AND PENNSYLVANIA WHEN YOU JOIN THE STEUBENVILLE YMCA, YOU BECOME PART OF AN INTERNATIONAL MOVEMENT TO BUILD STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES APPROACHING 4,000 MEMBERS, THE YMCA HAS BEEN ABLE TO EXPAND PROGRAMMING THROUGHOUT THE YEAR AS A RESULT OF THE POSITIVE RESPONSE FROM THE ENTIRE COMMUNITY
PART VI, LINE 6	TRINITY HEALTH SYSTEM, WHICH CONSISTS OF TWO HOSPITALS - TRINITY EAST AND TRINITY WEST, IS A 500 BED HEALTH SYSTEM LOCATED IN STEUBENVILLE, OHIO TRINITY HEALTH SYSTEM IS AN EXTENSION OF THE MISSIONS AND PROUD HERITAGES OF ITS CO-SPONSORS, TRI STATE HEALTH SERVICES (REFLECTING THE PERSPECTIVES OF THE LOCAL COMMUNITY) AND SYLVANIA FRANCISCAN HEALTH (REPRESENTING THE PERSPECTIVES OF THE HEALTH CARE MINISTRY OF THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO) AS A NON-PROFIT, CHARITABLE HEALTH CARE DELIVERY SYSTEM, TRINITY HEALTH SYSTEM IS DEDICATED TO PRESERVING THE SECULAR COMMUNITY TRADITIONS AND THE CATHOLIC TRADITIONS OF ITS CO-SPONSORS IN THE DELIVERY OF HEALTH CARE IN THE GREATER STEUBENVILLE, OHIO REGION

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	OH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317025514

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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 Regulations 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 duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE CEO IS COMPENSATED BY TRINITY HEALTH SYSTEM, WHO USES A COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE, TO DETERMINE COMPENSATION
PART II	TRINITY HEALTH SYSTEM GROUP MAINTAINS A NON-QUALIFIED RETIREMENT PLAN FOR FRED BROWER AND LEWIS MUSSO THE PLAN IS A SERP AND THE INCREASE IN BENEFITS IS CALCULATED ANNUALLY BASED ON THE TERMS OF THE AGREEMENT THAT AMOUNT IS INCLUDED IN THEIR DEFERRED COMPENSATION FOR THE FISCAL YEAR ENDED DECEMBER 31, 2013

Additional Data

Software ID:
Software Version:
EIN: 30-0752920
Name: TRINITY HEALTH SYSTEM GROUP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
FRED BROWER PRESIDENT & CEO	(I) (II)	0 377,962	0 3,236	0 2,127	187,625 0	38,813 0	226,438 383,325	0 0
JOHN FIGEL MD BOARD MEMBER	(I) (II)	188,677 0	6,209 0	0 0	0 0	10,120 0	205,006 0	0 0
DAVID WERKIN CFO	(I) (II)	0 222,069	0 1,465	0 33,725	18,008 0	14,884 0	32,892 257,259	0 0
NICHOLAS ECONOMIDES VP, MEDICAL AFFAIRS	(I) (II)	0 263,477	0 949	0 37,954	21,167 0	14,884 0	36,051 302,380	0 0
JOANN MULROONEY DIRECTOR OF NURSING	(I) (II)	0 157,960	0 1,495	0 35,986	13,681 0	14,884 0	28,565 195,441	0 0
LEWIS MUSSO VP,HUMAN RESOURCES	(I) (II)	0 169,227	0 1,502	0 9,039	104,113 0	24,675 0	128,788 179,768	0 0
STEVE BROWN VP MANAGEMENT SERVICES ORGANIZATION	(I) (II)	0 154,387	0 0	0 12,055	11,651 0	12,041 0	23,692 166,442	0 0
KUMAR AMIN MD PHYSICIAN	(I) (II)	624,571 0	294,377 0	0 0	0 0	10,120 0	929,068 0	0 0
SATHISH MAGGE MD PHYSICIAN	(I) (II)	808,579 0	164,253 0	0 0	0 0	0 0	972,832 0	0 0
RAMANA MURTY MD PHYSICIAN	(I) (II)	806,475 0	491,007 0	0 0	0 0	10,120 0	1,307,602 0	0 0
HIMANSHU DESAI MD PHYSICIAN	(I) (II)	527,023 0	279,939 0	0 0	0 0	14,785 0	821,747 0	0 0
RAFAEL SCHMULEVICH MD PHYSICIAN	(I) (II)	839,885 0	205,497 0	0 0	0 0	10,804 0	1,056,186 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF STEUBENVILLE OHIO	34-6002729	860068BZ7	08-12-2010	42,796,876	REFINANCE 2007 BOND ISSUE		X		X		X

Part II Proceeds

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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) JOHN FIGEL MD		PERSONAL LOAN		X	40,000	10,017		No		No	Yes	
Total		▶ $				10,017						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 3B	
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION SHALL BE TRINITY HEALTH SYSTEM, AN OHIO NONPROFIT CORPO RATION THE MEMBERS OF THE SOLE MEMBER ARE FRANCISCAN SERVICES CORPORATION AND TRI-STATE H EALTH SERVICES, INC , BOTH OHIO NONPROFIT CORPORATIONS ("CO-SPONSORING MEMBERS")
FORM 990, PART VI, SECTION A, LINE 7A	ALL TRUSTEES ARE ELECTED BY MEMBERS RECOMMENDATIONS FOR APPOINTMENT TO THE BOARD OF TRUST EES ARE MADE BY TRINITY HEALTH SYSTEM BOARD OF TRUSTEES THROUGH ITS NOMINATING COMMITTEE FINAL APPROVAL OF EACH NOMINEE BY THE CO-SPONSORING MEMBERS IS REQUIRED
FORM 990, PART VI, SECTION A, LINE 7B	TRINITY HEALTH SYSTEM GROUP HAS ONE MEMBER, TRINITY HEALTH SYSTEM TRINITY HEALTH SYSTEM M UST APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A CONDI TION BEFORE THEY BECOME EFFECTIVE 1) MERGER, CONSOLIDATION, OR SUBSTANTIAL SALE 2) CREATI ON OF SUBSIDIARIES OF AFFILIATION WITH OTHER ENTITIES 3) CONVEYANCING REAL PROPERTY OR CRE ATING LIENS THEREON 4) TRANSFER OF PERSONAL PROPERTY, INCURRING OR GUARANTEEING INDEBTEDNE SS OR GRANTING LIENS IN EXCESS OF AN AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBERS 5) APPROVAL OF CORPORATION OR SUBSIDIARY TRUSTEES AND DIRECTORS BASED ON AGREED UPON CRITERI A 6) CAPITAL EXPENDITURES OR GRANTS IN EXCESS OF AN AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBERS 7) ADDITION OR TERMINATION OF SERVICES 8) APPROVAL OF SELECTION OF THE SLATE OF CANDIDATES FOR THE OFFICE OF CEO OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES PROVIDED , HOWEVER, THAT A REPRESENTATIVE OF EACH MEMBER WILL SERVE ON THE SELECTION COMMITTEE 9) A PPROVAL OF THE ANNUAL BUDGET AND STATEGY FOR THE CORPORATION AND ITS SUBSIDIARIES
FORM 990, PART VI, SECTION B, LINE 11	THE 990 TAX RETURN FOR THE FOUNDATION, HEALTH SYSTEM AND GROUP RETURN IS REVIEWED IN DETAI L WITH THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO FILING THE 990 AT THE NEXT SCHEDULED BOARD MEETING (WHICH COULD BE BEFORE OR AFTER THE FILING DATE) THE COMPLETE BOARD WILL BE UPDATED ON THE STATUS OF THE 990 AND THAT THE COMPLETE RETURN WILL BE MADE AVAILABLE TO T HEM AT THEIR REQUEST
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER, OFFICER AND VICE PRESIDENT IS REQUIRED TO COMPLETE A DISCLOSURE OF POTE NTIAL CONFLICTS FORM CONFLICTS ARE DEFINED BY THE APPLICABLE POLICY, ON AN ANNUAL BASIS EACH SUBMISSION IS REVIEWED BY THE BOARD CHAIR AND THE SYSTEM CEO, INCORPORATED INTO A SUM MARY REPORT THAT IS PROVIDED TO THE BOARD, AND THE INDIVIDUAL ORIGINALS ARE MAINTAINED IN EACH MEMBER'S BOARD BOOK UPON THE HEARING OR DELIBERATION OF ANY MATTER THAT COMES BEFORE THE BOARD OF TRUSTEES, THE BOARD CHAIR OR ANY INDIVIDUAL MEMBER OF THE BOARD CAN RAISE A QUESTION RELATED TO ANY CONFLICT THAT THEY MAY IDENTIFY THE BOARD CHAIR, IN CONSULTATION WITH THE CEO AND THE FULL BOARD, WILL MAKE A DETERMINATION ON THE QUESTION AND THE PROCEDU RE TO BE FOLLOWED IN THE INDIVIDUAL CASE. THE BOARD CHAIR, OR HIS DESIGNEE IF THE CHAIR IS CONFLICTED, WILL MANAGE THE CONFLICT TO ASSURE AN UNBIASED AND OBJECTIVE DISCUSSION AND D ECISION
FORM 990, PART VI, SECTION B, LINE 15	THE CEO & CFO'S COMPENSATION IS PAID BY A RELATED ORGANIZATION, TRINITY HEALTH SYSTEM EAC H EXECUTIVE'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOAR D OF TRUSTEES THE REVIEW IS DOCUMENTED IN THE MEETING MINUTES THE BOARD IS PROVIDED WITH SALARY COMPARISON DATA, WHICH IS PREPARED BY THE OHIO HOSPITAL ASSOCIATION EACH YEAR AN OUTSIDE FIRM DOES A COMPENSATION SURVEY THAT IS ALSO PROVIDED TO THE BOARD THIS PROCESS W AS LAST UNDERTAKEN IN 2013
FORM 990, PART VI, SECTION C, LINE 19	TRINITY HEALTH SYSTEM MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES OR FIN ANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE M ADE AVAILABLE TO TRINITY BONDHOLDERS UPON THEIR REQUEST THROUGH MUNICIPAL INFORMATION REPO SITORIES
FORM 990, PART VII, COMPENSATION	PAUL DIBIASE, JOHN FIGEL, WILLIAM JOHNS AND CLYDE METZGER ARE COMPENSATED BY TRINITY HOSPI TAL HOLDING COMPANY (34-1842025), A SUBORDINATE ORGANIZATION OF TRINITY HEALTH SYSTEM GROU P, WHO DOES NOT FILE THEIR OWN FORM 990 ACCORDINGLY, COMPENSATION HAS BEEN REPORTED IN CO LUMN D OF FORM 990, PART VII
FORM 990, PART XI, LINE 9	CHANGE IN PENSION OBLIGATION 12,824,810 CHANGE IN INTEREST IN FOUNDATION NET ASSETS 906,4 48 TRANSFER FROM TRINITY HEALTH FOUNDATION 67,728
FORM 990, PAGE 1, LINE H(C), GROUP EXEMPTION NUMBER	TRINITY HEALTH SYSTEM GROUP IS INCLUDED WITHIN TWO GROUP EXEMPTION NUMBERS, #5388 FOR TRIN ITY HOSPITAL HOLDING COMPANY (TRINITY HEALTH SYSTEM, #34-1818681, PARENT), AND #0928 TO TH E CATHOLIC HEALTH ASSOCIATION AND ITS AFFILIATED ORGANIZATIONS, OF WHICH IT IS A SUBORDINA TE

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TRINITY HEALTH SYSTEM GROUP

Employer identification number
30-0752920

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 entity? Yes	(g) No
(1) TRINITY HEALTH SYSTEM 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	SUPPORT & MANAGEMENT	OH	501(C)(3)	LINE 11B, II	TRI-STATE HEALTH SERVICES & SYLVANIA FRANCISCAN HEALTH		No
(2) TRINITY HEALTH SYSTEM FOUNDATION 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1329423	CHARITABLE FUNDRAISING	OH	501(C)(3)	LINE 11A, I	TRINITY HEALTH SYSTEM	Yes	

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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) TRINITY MANAGEMENT SERVICES ORGANIZATION INC 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1471026	MANAGEMENT SERVICES	OH	N/A	C				Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
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	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH SYSTEM	M	4,508,666	CASH
(2) TRINITY MANAGEMENT SERVICES ORGANIZATION	P	4,296,502	CASH
(3) TRINITY HEALTH SYSTEM FOUNDATION	S	67,728	ACTUAL AMOUNTS TRANSFERRED
(4) TRINITY HEALTH SYSTEM	E	96,169	CASH

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

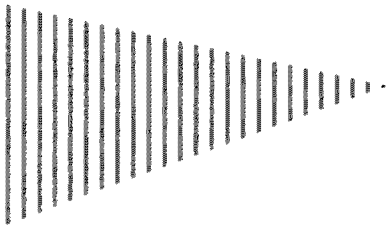
Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Consolidated Financial Statements

Trinity Hospital Holding Company and Subsidiaries
d/b/a Trinity Medical Center
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

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

Consolidated Financial Statements

Years Ended December 31, 2013 and 2012

Contents

Ernst & Young LLP
2100 One PPG Place
Pittsburgh, PA 15222

Tel: +1 412 644 7800
Fax: +1 412 644 0477

Building a better working world

Report of Independent Auditors

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

We have audited the accompanying consolidated financial statements of Trinity Hospital Holding Company and subsidiaries d/b/a Trinity Medical Center, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Trinity Hospital Holding Company and subsidiaries d/b/a Trinity Medical Center at December 31, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

April 24, 2014

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

Consolidated Statements of Financial Position

	December 31 2013	2012
Assets		
Current assets:		
Cash and cash equivalents	$ 6,938,723	$ 14,467,574
Current portion of trustee-held funds	816,703	805,462
Investments	6,091,645	–
Accounts receivable, net of allowance for uncollectible accounts of $8,916,654 at December 31, 2013 and $7,434,254 at December 31, 2012	22,964,732	23,767,666
	22,964,732	23,767,666
Due from affiliates	1,262,196	1,588,085
Inventories	3,103,648	3,743,491
Due from third-party payors	1,225,000	735,000
Prepaid expenses and other current assets	1,836,711	1,246,950
Total current assets	44,239,358	46,354,228
Assets whose use is limited:		
Board-designated funds	85,410,068	73,863,747
Trustee-held funds	4,518,602	4,529,683
Other investments	1,579,803	1,476,284
	91,508,473	79,869,714
Current portion of trustee-held funds	(816,703)	(805,462)
	90,691,770	79,064,252
Other assets:		
Other receivables	566,943	681,631
Due from affiliates	2,330,682	2,224,470
Interest in net assets of the Foundation	17,282,337	15,006,375
Unamortized financing costs and other deferred costs	252,547	270,708
Other intangible assets	175,000	245,000
Goodwill	3,873,161	3,873,161
	24,480,670	22,301,345
Property, buildings, and equipment	218,388,117	210,730,665
Allowances for depreciation	(167,056,248)	(158,443,475)
	51,331,869	52,287,190
Total assets	$ 210,743,667	$ 200,007,015

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

Consolidated Statements of Financial Position (continued)

	December 31	
	2013	2012
Liabilities and net assets		
Current liabilities:		
Accounts payable	$ 10,513,539	$ 13,436,815
Accrued payroll and related expenses	4,606,185	4,524,349
Other accrued expenses	607,000	1,344,000
Accrued interest	416,584	424,209
Due to affiliates	1,176,984	1,070,557
Current portion of insurance claims reserve	525,851	556,117
Due to third-party payors	1,227,002	2,408,780
Current portion of long-term debt and capital lease obligations	2,123,718	1,862,156
Total current liabilities	21,196,863	25,626,983
Other liabilities:		
Retirement benefits obligation	10,460,000	23,058,711
Long-term reserve, insurance claims	2,103,402	2,224,470
Long-term debt, less current portion	38,062,425	38,546,765
	50,625,827	63,829,946
Total liabilities	71,822,690	89,456,929
Net assets:		
Unrestricted	120,895,641	94,800,710
Unrestricted interest in the Foundation	8,722,629	7,353,117
Temporarily restricted interest in the Foundation	7,174,913	6,279,515
Permanently restricted	743,000	743,000
Permanently restricted interest in the Foundation	1,384,794	1,373,744
Total net assets	138,920,977	110,550,086
Total liabilities and net assets	$ 210,743,667	$ 200,007,015

See accompanying notes.

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

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended December 31	
	2013	**2012**
Unrestricted revenue, gains, and other support		
Patient service revenue (net of contractual allowances and discounts)	**$ 210,257,334**	$ 202,950,810
Provision for bad debts	**12,583,726**	12,410,044
Net patient service revenue less provision for bad debts	**197,673,608**	190,540,766
Other operating revenue	**9,006,479**	9,793,116
Total revenue and other support	**206,680,087**	200,333,882
Expenses		
Salaries and wages	**75,612,927**	72,692,483
Employee benefits	**27,163,171**	25,837,167
Professional fees	**3,919,058**	2,954,703
Supplies and pharmaceuticals	**44,662,422**	43,030,087
Purchased services, utilities, and other	**40,234,481**	37,989,397
Insurance	**1,514,358**	1,057,527
Depreciation and amortization	**10,023,631**	9,555,340
Interest	**1,826,838**	1,847,497
Total expenses	**204,956,886**	194,964,201
Net operating income	**1,723,201**	5,369,681
Other nonoperating income (loss):		
Interest and dividend income – net	**1,408,399**	1,813,499
Contributions	**342**	10,589
Realized gain on sale of investments – net	**8,171,763**	1,091,868
Net unrealized gain on investments	**2,022,144**	4,359,000
(Loss) gain on disposal of assets	**(123,457)**	13,106
Change in unrestricted interest in the Foundation	**1,369,513**	942,957
Total other nonoperating income	**12,848,704**	8,231,019
Excess of revenues over expenses	**14,571,905**	13,600,700

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

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended December 31	
	2013	**2012**
Excess of revenues over expenses	**$ 14,571,905**	$ 13,600,700
Other changes in unrestricted net assets:		
Change in pension obligation	**12,824,810**	(3,801,639)
Transfer from (to) the Foundation	**67,728**	(13,903)
Donation – Mary Jane Brooks Charitable Trust	**–**	168,000
Donation – capital	**–**	50,000
Unrestricted donation from the Foundation for capital assets	**–**	82,000
Unrestricted donation from the Foundation	**–**	380,000
Increase in unrestricted net assets	**27,464,443**	10,465,158
Temporarily restricted net assets:		
Change in temporarily restricted interest in the Foundation	**895,398**	369,585
Increase in temporarily restricted net assets	**895,398**	369,585
Permanently restricted net assets:		
Change in permanently restricted interest in the Foundation	**11,050**	14,413
Increase in permanently restricted net assets	**11,050**	14,413
Increase in net assets	**28,370,891**	10,849,156
Net assets at beginning of year	**110,550,086**	99,700,930
Net assets at end of year	**$ 138,920,977**	$ 110,550,086

See accompanying notes.

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

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2013	2012
Operating activities		
Increase in net assets	$ 28,370,891	$ 10,849,156
Adjustments to reconcile increase in net assets to net cash and cash equivalents provided by operating activities:		
Net realized and unrealized gain on investments	(10,193,907)	(4,359,000)
Loss (gain) on disposal of property and equipment	123,457	(13,106)
Provision for doubtful accounts	12,583,726	12,410,044
Depreciation and amortization	10,023,631	9,555,340
Amortization of debt discount	102,893	106,083
Change in pension obligation	(12,824,810)	3,801,639
Change in interest in net assets of the Foundation	(2,275,962)	(1,326,953)
Increase in patient accounts receivable	(10,918,386)	(12,884,977)
Decrease in other assets	252,931	1,017,047
Change in due to/from affiliates	326,104	(659,026)
(Decrease) increase in accounts payable, salaries, wages, and other accrued expenses	(4,448,471)	39,016
Increase (decrease) in retirement benefits payable	226,099	(284,200)
Decrease in insurance claim reserve	(151,334)	(47,478)
Change in settlements receivable/payable under third-party reimbursement contracts	(1,671,778)	(20,799)
Net cash and cash equivalents provided by operating activities and gains	9,525,084	18,182,786
Investing activities		
Cash proceeds used in the purchase of investments	(103,682,198)	(40,431,581)
Cash proceeds provided by the sale of investments	96,145,701	37,668,325
Acquisition of physician practice	–	(1,300,000)
Purchase of property and equipment, net	(9,191,767)	(9,197,480)
Net cash and cash equivalents used in investing activities	(16,728,264)	(13,260,736)
Financing activities		
Proceeds from issuance of note payable	1,795,515	–
Repayment of long-term debt and capital lease obligations	(2,121,186)	(1,781,197)
Net cash and cash equivalents used in financing activities	(325,671)	(1,781,197)
(Decrease) increase in cash and cash equivalents	(7,528,851)	3,140,853
Cash and cash equivalents at beginning of year	14,467,574	11,326,721
Cash and cash equivalents at end of year	$ 6,938,723	$ 14,467,574

See accompanying notes

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

Notes to Consolidated Financial Statements

December 31, 2013 and 2012

1. Organization

Parent

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

Consolidation

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

2. Significant Accounting Policies

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

Use of Estimates

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

2. Significant Accounting Policies (continued)

Cash and Cash Equivalents

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

Inventories

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

Investments

Investments are carried at fair value and accounted for as trading securities. Investment income, including realized gains and losses and unrealized gains and losses, is included in excess of revenues over expenses unless restricted by the donor in connection with a gift.

In July 2013, Trinity transferred their investments to the Corporation's master investment pool (Master Pool) in which affiliated organizations participate. The accompanying consolidated financial statements reflect Trinity's total interest in the net assets and transactions of the Master Pool as allocated by the custodian. Net assets, as well as earnings and losses of the Master Pool are allocated to Trinity based on the sum of the individual accounts of the Master Pool's participants.

Board-Designated Funds

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

2. Significant Accounting Policies (continued)

Trustee-Held Funds

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

Property, Buildings, and Equipment

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

Unamortized Financing and Other Deferred Costs

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

Goodwill

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

The impairment analysis includes assessing specific qualitative factors surrounding company-specific information, industry and market considerations and other significant inputs used to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If the qualitative factors indicate impairment, the fair market value for each reporting unit that has goodwill would be further assessed on a quantitative basis using

2. Significant Accounting Policies (continued)

discounted cash flow and multiples of cash earnings valuation techniques, plus valuation comparisons to recent public sale transactions of similar businesses, if any. These valuation methods require estimates and assumptions regarding future operating results, cash flows, changes in working capital and capital expenditures, profitability, and the cost of capital. Although Trinity believes that any estimates and assumptions used are reasonable, actual results could differ from those estimates and assumptions.

Asset Impairment

Trinity evaluates the recoverability of the carrying value of long-lived assets by reviewing long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and adjusts the asset cost to fair value if undiscounted cash flows are less than the carrying amount of the asset. Write-downs due to impairment are charged to operations at the time the impairment is identified. There were no impairment charges taken for the years ended December 31, 2013 and 2012.

Professional Liability, Workers' Compensation, and Medical Insurance

Trinity is a participant in the Corporation's self-insurance program (the Program) for professional and general liability insurance coverage. Effective April 1, 2012, the insurance coverage is provided through SFH Assurance, LTD., a wholly owned subsidiary of the Corporation. Excess coverage has been purchased in amounts deemed adequate to cover claims in excess of the annual Program limits. Payment of claims in any one year from the Program and from excess insurance coverage purchased by the Corporation is subject to certain limitations. Payments made by Trinity to the Program, which are based on actuarially determined premiums, and for Trinity's portion of the Corporation's cost for excess insurance coverage are amortized over the coverage period or plan year. The Program allocates to Trinity a portion of the known claims and tail liability which is recorded on the statements of financial position with an offsetting receivable from the Program. This liability is actuarially determined and is discounted using a rate of 3.1%. Any liabilities for claims exceeding coverage limits are recorded at the time these become probable and estimable.

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

2. Significant Accounting Policies (continued)

Trinity is self-insured for a portion of the health care services furnished to employees for up to $250,000 per occurrence, up to a lifetime limit of $1,000,000 per employee. A provision has been made for the estimated cost of claims incurred but not billed by the service provider.

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

The policies issued by the self-insurance program are subject to a retrospective rating plan, under which retrospective premiums are calculated based on any surplus or deficiency resulting from the policy period. Retrospective credits and assessments are included in income in the period in which they are determined.

Temporarily and Permanently Restricted Net Assets

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

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

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

2. Significant Accounting Policies (continued)

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

Temporarily restricted net assets are available for a number of initiatives. At December 31, 2013, the more significant temporary restrictions relate to operations of Trinity of $6,444,000, with income used to benefit Trinity's operations, cancer-related capital initiatives of $77,540, and $193,000 of scholarships for the Trinity School of Nursing. Permanently restricted net assets are comprised of endowment funds, which are restricted in perpetuity and income primarily used for the benefit of Trinity operations, without restriction. The more significant permanent restrictions relate to Trinity operations of $1,776,000 with income unrestricted for Trinity's benefit, $75,000 for the benefit of the Sisters of St. Francis cultural needs, $99,000 related to employee awards for service to Trinity, and $235,000 related to scholarships for students attending the Trinity School of Nursing. At December 31, 2012, the more significant temporary restrictions relate to operations of Trinity of $5,927,000, with income used to benefit Trinity's operations, cancer-related capital initiatives of $103,000, and $173,000 of scholarships for the Trinity School of Nursing. At December 31, 2012, the more significant permanent restrictions relate to Trinity operations of $1,708,000 with income unrestricted for Trinity's benefit, $75,000 for the benefit of the Sisters of St. Francis cultural needs, $93,000 related to employee awards for service to Trinity, and $234,000 related to scholarships for students attending the Trinity School of Nursing.

Excess of Revenues Over Expenses

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

2. Significant Accounting Policies (continued)

Operating Activities and Other Nonoperating Income (Loss)

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

Patient Receivables and Net Patient Service Revenues

Patient receivables and net patient service revenues are derived primarily from patients who reside in Ohio, West Virginia, and surrounding states. Patient receivables consist of amounts due from third-party payors, including federal and state indemnity and managed care programs, managed care health plans and commercial insurance companies, and individual patients for health care services rendered. Trinity does not require collateral or other security on its patient receivables. Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Trinity analyzes its historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon specific accounts, historical write-off experience, and current market conditions. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables. For receivables associated with services provided to patients who have third-party coverage, Trinity analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make realization of amounts due unlikely. For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductibles and copayment balances due for which third-party coverage exists for part of the bill, Trinity records a provision for bad debts on the basis of its experience. The difference between the standard rates and the amount actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Trinity's allowance for doubtful accounts for

2. Significant Accounting Policies (continued)

self-pay patients was 80% and 82% of self-pay accounts receivable at December 31, 2013 and 2012, respectively. Trinity's self-pay write-offs decreased $2,011,208 from $15,610,130 in fiscal year 2012 to $13,598,922 for fiscal year 2013. This change is a result of positive trends experienced in the collection of amounts from self-pay residents in fiscal year 2013. Trinity does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant bad debt write-offs from third-party payors.

Trinity recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Net patient service revenue is reported on the accrual basis in the period in which services are provided. The majority of Trinity's services are rendered to patients under Medicare, Blue Cross, and Medical Assistance programs. Revenues from these programs account for approximately 42%, 13%, and 8%, respectively, of net patient service revenue for the year ended December 31, 2013; and 42%, 13%, and 7%, respectively, for the year ended December 31, 2012. Reimbursement under these programs is based on a combination of historical costs, prospectively determined rates, and/or a percent of approved charges, all subject to certain limitations established by the third-party payor. The payments received under these programs are less than the established Trinity rates. For uninsured patients that do not qualify for charity care, Trinity recognizes revenue on the basis of its standard rates for services provided, or on the basis of discounted rates, if negotiated. On the basis of experience, a significant portion of Trinity's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Trinity records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, is as follows:

	Medicare	Medicaid	Blue Cross	Self-Pay	Other	Total All Payors
2013						
Patient service revenue (net of contractual allowances)	**$87,999,530**	**$16,433,694**	**$26,403,781**	**$15,139,655**	**$64,280,674**	**$210,257,334**
	41.8%	**7.8%**	**12.6%**	**7.2%**	**30.6%**	**100%**
2012						
Patient service revenue (net of contractual allowances)	$86,212,930	$15,163,877	$25,667,663	$16,006,930	$59,899,410	$202,950,810
	42.5%	7.5%	12.6%	7.9%	29.5%	100%

2. Significant Accounting Policies (continued)

Amounts received under the Medicare and Medicaid programs are subject to review and final determination by program intermediaries or their agents. Final determinations have been made for Medicare and Medicaid through 2007. Provision is made for estimated adjustments in the period the related services are rendered and adjusted in future periods as settlements are determined. Prior-year settlements increased the excess of revenues over expenses by approximately $1,064,000 and $31,000 in 2013 and 2012, respectively.

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

Significant concentrations of net patient accounts receivable at December 31, 2013 and 2012, respectively, include the following: Medicare – 28% and 32%; Medicaid – 8% and 10%; and Blue Cross – 5% and 5%.

2. Significant Accounting Policies (continued)

Charity Care

Trinity accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of Trinity. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, Trinity utilizes the generally recognized poverty income levels established by the federal government, but also includes certain cases where incurred charges are significant when compared to patient income and resources. Trinity's policy is to provide charity care to patients up to 200% of the federal poverty level. Charity care is not reported as revenue in the consolidated statements of operations and changes in net assets. Trinity estimates the cost of providing charity care using the ratio of average patient care cost to gross charges and then applies that ratio to the gross uncompensated charges associated with providing charity care. The amount of charges forgone for services and supplies furnished under Trinity's charity care policies follows:

	Year Ended December 31	
	2013	**2012**
Charges forgone, based on established rates	**$ 13,511,418**	$ 12,449,011
Management's estimate of expenses incurred to provide charity care	**5,204,673**	4,770,000
Equivalent percentage of charity care services to gross patient revenue, based on established rates	**2.7%**	2.6%

The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to Trinity for services provided to qualified persons who cannot afford to pay. The amount of HCAP reimbursements received by Trinity was $1,225,000 and $735,000 for the years ended December 31, 2013 and 2012, respectively.

2. Significant Accounting Policies (continued)

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or update certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

Trinity accounts for HITECH incentive payments under a gain contingency model. Income from Medicare incentive payments is recognized as revenue after Trinity has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and there is reasonable assurance the grants will be received. Trinity recognized revenue from Medicaid incentive payments after it demonstrated compliance with the meaningful use criteria. Incentive payments totaling $2.4 million and $3.7 million for the years ended December 31, 2013 and 2012, respectively, are included in total operating revenue in the accompanying statement of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment as incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, Trinity's compliance with the meaningful use criteria is subject to audit by the federal government.

Income Taxes

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

2. Significant Accounting Policies (continued)

Interest in Net Assets of Trinity Foundation

Trinity is deemed to be both financially interrelated and a designated beneficiary of the Foundation. The Foundation is organized for the purpose of stimulating voluntary financial support from donors for the sole benefit of Trinity. The Foundation's assets are comprised mainly of cash and investments at December 31, 2013 and 2012. Trinity records its interest in the net assets of the Foundation.

Subsequent Events

Trinity evaluates subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended December 31, 2013, Trinity evaluated the impact of subsequent events through April 24, 2014, representing the date on which the financial statements were available to be issued. Certain nonrecognized subsequent events were identified for disclosure in Note 7 in the accompanying notes to the consolidated financial statements.

New Accounting Pronouncements

In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The ASU provided source literature amendments, guidance clarifications, reference corrections, and relocated guidance. The amendments that are subject to the transition guidance will be effective for fiscal periods beginning after December 15, 2012, and therefore, was adopted effective January 1, 2013. The ASU did not have an impact on the consolidated financial statements.

In October 2012, the FASB issued ASU 2012-05, *Statement of Cash Flows, Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*. The amendments require cash receipts from the sale of donated financial assets that had no restrictions and were immediately converted to cash to be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities. The pronouncement is effective for fiscal years beginning after June 15, 2013. The ASU is not expected to have a material impact on the consolidated financial statements.

2. Significant Accounting Policies (continued)

In April 2013, the FASB issued ASU 2013-06, *Services Received from Personnel of an Affiliate.* The amendment requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge the recipient not-for-profit entity. The pronouncement is effective for fiscal years beginning after June 15, 2014. The ASU is not expected to have a material impact on the consolidated financial statements.

Business Acquisition

In November 2012, Trinity purchased a physician practice for total cash consideration of approximately $1.0 million. Based on the fair value of the assets acquired, Trinity recognized goodwill of an equal amount pertaining to this acquisition.

3. Assets and Liabilities Measured at Fair Value

Trinity's short-term investment consists of the following:

	December 31, 2013
Mutual funds	$ 6,091,645

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

	December 31	
	2013	2012
Board-designated:		
Cash and short-term marketable securities	$ 59,412	$ 1,870,535
Money market pooled asset	353,867	–
Domestic equity pooled asset	31,731,373	–
International equity pooled asset	18,244,378	–
Fixed income pooled asset	30,992,318	–
Alternative investment pooled asset	4,028,720	–
United States (U.S.) government and agency obligations	–	8,379,107
Corporate bonds	–	13,176,991
Equity securities	–	6,586,606
Mutual funds	–	43,706,216
Accrued interest	–	144,292
	$ 85,410,068	$ 73,863,747
Trustee-held funds:		
Money market funds	$ 1,059,798	$ 1,115,190
U.S. government and agency obligations	3,458,804	3,414,493
	$ 4,518,602	$ 4,529,683
Other investments:		
Cash surrender value of life insurance	$ 779,006	$ 748,492
Scholarship fund	23,098	23,093
Investment in charitable remainder trust and investment to be held in perpetuity, the income from which is unrestricted	777,699	704,699
	$ 1,579,803	$ 1,476,284

3. Assets and Liabilities Measured at Fair Value (continued)

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

	Year Ended December 31	
	2013	**2012**
Interest and dividend income	**$ 1,478,168**	$ 1,904,923
Realized gain on sale of investments, net	**8,171,763**	1,091,868
Unrealized gain on investments, net	**2,022,144**	4,359,000
Total investment return	**$ 11,672,075**	$ 7,355,791
Included in other operating revenue:		
Interest and dividend income	**$ 69,769**	$ 91,424
Included in other nonoperating income :		
Interest and dividend income – net	**1,408,399**	1,813,499
Net realized gain on sale of investments	**8,171,763**	1,091,868
Net unrealized gain on investments	**2,022,144**	4,359,000
	$ 11,672,075	$ 7,355,791
Total investment return	**$ 11,672,075**	$ 7,355,791

3. Assets and Liabilities Measured at Fair Value (continued)

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

- Level 1 – Inputs are quoted prices in active markets for identical assets or liabilities.

- Level 2 – Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable, and market-corroborated inputs derived principally from or corroborated by observable market data.

- Level 3 – Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

As of December 31, 2013 and 2012, the assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

U.S government and agency obligations – The fair value of investments in U.S. government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate bonds – The fair value of investments in U.S. and international corporate bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics, such as redemption options.

Equity securities – The fair value of investments in U.S. and international equity securities is based on the closing price reported on the active market on which the individual securities are traded.

3. Assets and Liabilities Measured at Fair Value (continued)

Mutual funds – The fair value of mutual funds is primarily determined using the calculated net asset value. The values of the underlying investments are fair value estimates determined by external fund managers.

Pooled asset accounts – The fair values are calculated by using a net asset value provided by the custodian of the fund. The net asset value is based on the value of the underlying assets owned by the fund. The underlying assets in the accounts include money market funds, U.S. and international equity securities, fixed income government securities, mutual funds, and corporate bonds.

The following tables represent Trinity's financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2013 and 2012, and the basis for that measurement:

3. Assets and Liabilities Measured at Fair Value (continued)

	Total Fair Value Measurement at December 31, 2013	Fair Value Measurement at December 31, 2013, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments:				
Mutual funds	$ 6,091,645	$ –	$ 6,091,645	$ –
Board-designated funds:				
Cash equivalents	59,412	59,412	–	–
Money market pooled asset	353,867	–	353,867	–
Domestic equity pooled asset	31,731,373	–	31,731,373	–
International equity pooled asset	18,244,378	–	18,244,378	–
Fixed income pooled asset	30,992,318	–	30,992,318	–
Alternative investment pooled asset	4,028,720	–	4,028,720	–
Trustee-held funds:				
Cash equivalents	1,059,798	243,095	816,703	–
U.S. government and agency obligations	3,458,804	–	3,458,804	–
Other investments:				
Cash equivalents	827,993	48,988	779,005	–
U.S. government and agency obligations	54,183	–	54,183	–
Equities:				
Domestic	76,092	76,092	–	–
International	68,928	68,928	–	–
Mutual funds	552,607	552,607	–	–
Total	$ 97,600,118	$ 1,049,122	$ 96,550,996	$ –

3. Assets and Liabilities Measured at Fair Value (continued)

	Total Fair Value Measurement at December 31, 2012	Fair Value Measurement at December 31, 2012, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Board-designated funds:				
Cash equivalents	$ 1,870,535	$ 1,870,535	$ –	$ –
U.S. government and agency obligations	8,379,107	–	8,379,107	–
Equities:				
Domestic	6,586,606	6,586,606	–	–
Corporate bonds:				
Domestic	13,176,991	–	13,176,991	–
Mutual funds:				
Domestic	36,712,136	30,615,048	6,097,088	–
International	6,994,080	6,994,080	–	–
Accrued interest	144,292	144,292	–	–
Trustee-held funds:				
Cash equivalents	1,115,190	309,728	805,462	–
U.S. government and agency obligations	3,414,493	–	3,414,493	–
Other investments:				
Cash equivalents	810,113	61,621	748,492	–
U.S. government and agency obligations	51,066	–	51,066	–
Equities:				
Domestic	53,251	53,251	–	–
International	72,924	72,924	–	–
Mutual funds	488,930	488,930	–	–
Total	$ 79,869,714	$ 47,197,015	$ 32,672,699	$ –

3. Assets and Liabilities Measured at Fair Value (continued)

In 2012, the fair value of certain mutual funds was reported as Level 1 securities. The December 31, 2012 amounts have been adjusted to reflect these securities as Level 2. Total Level 1 securities as previously reported and as revised were $53,294,103 and $47,197,015, respectively, and total Level 2 securities as previously reported and as revised were $26,575,611 and $32,672,699, respectively. The revision of this disclosure is not considered material to the financial statements of Trinity.

The carrying value of cash and cash equivalents, accounts receivable, and accounts payable are reasonable estimates of fair value due to the short-term nature of these financial instruments. Investments are recorded at fair value. The carrying value and fair value of Trinity's long-term debt, as estimated using a discounted cash flow analysis based on Trinity's incremental borrowing rate for debt instruments with comparable maturities, were $39,560,000 and $38,944,820, respectively, at December 31, 2013, and $41,085,000 and $42,342,497, respectively, at December 31, 2012. Other financial instruments reported as noncurrent assets and liabilities have carrying values that appropriate fair value.

4. Property, Buildings, and Equipment

Property, buildings, and equipment consist of the following:

	December 31	
	2013	**2012**
Land and land improvements	**$ 3,218,824**	$ 3,208,465
Buildings and fixed equipment	**129,607,611**	126,857,042
Moveable equipment	**85,484,205**	80,237,619
Construction in progress	**77,477**	427,539
	218,388,117	210,730,665
Allowances for depreciation and amortization	**(167,056,248)**	(158,443,475)
Property, buildings, and equipment, net of accumulated depreciation	**$ 51,331,869**	$ 52,287,190

5. Long-Term Obligations

Long-term obligations consist of the following:

	December 31	
	2013	**2012**
Hospital Facilities Revenue Refunding and Improvement Bonds, Series 2010	**$ 39,560,000**	$ 41,085,000
Capital lease and loan obligations	**1,709,287**	509,958
Total obligations	**41,269,287**	41,594,958
Less current portion	**(2,123,718)**	(1,862,156)
Less original issue discount	**(1,083,144)**	(1,186,037)
Total long-term obligations	**$ 38,062,425**	$ 38,546,765

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

The Obligated Group has assigned and granted an assignment of, and a security interest in, all present and future gross receipts of the Obligated Group to secure payment of principal and interest on Series 2010 Bonds and the observance and performance of each member of the Obligated Group of all of its covenants, agreements, and obligations under the master indenture. The Obligated Group security interest does not include any interest in the net assets of the Foundation, which aggregated $17,282,337 and $15,006,375 at December 31, 2013 and 2012, respectively, nor any income generated from that interest. As security for its obligations under the Series 2010 Bonds, Trinity East and Trinity West has granted to the Master Trustee pursuant to the master indenture for the benefit of the bondholders, a first mortgage lien on the real property and fixtures constituting the existing facilities. The proceeds were used to refund the Series 2007 Bonds, fund a debt service reserve fund for the Series 2010 Bonds, pay amounts due upon termination of the interest rate hedge agreement relating to the Series 2007 Bonds, and pay certain issuance costs.

5. Long-Term Obligations (continued)

The Series 2010 Bonds consist of serial bonds, which contain redemption provisions. At the direction of Trinity, the bonds may be redeemed on each October 1 in increasing annual amounts of $1,600,000 on October 1, 2014, to $3,195,000 on October 1, 2030, bearing interest at a fixed rate ranging from 2% to 5%.

In 2013, Trinity obtained a note payable in the amount of $1,795,515 to purchase equipment. The note payable bears interest of 1.820% payable monthly and is collateralized by certain equipment.

At December 31, 2013, future minimum payments for all long-term obligations are as follows:

	Capital Lease Obligations	Note Payable	Hospital Facilities Revenue Bonds	Total Minimum Payments
2014	$ 174,474	$ 350,916	$ 1,600,000	$ 2,125,390
2015	–	357,356	1,675,000	2,032,356
2016	–	363,914	1,750,000	2,113,914
2017	–	370,593	1,835,000	2,205,593
2018	–	93,706	1,920,000	2,013,706
Thereafter	–	–	30,780,000	30,780,000
Total	174,474	$ 1,536,485	$ 39,560,000	$ 41,270,959
Less amounts representing interest	1,672			
Present value of capital lease obligations	172,802			
Less current maturities of capital lease obligations	172,802			
Long-term capital lease obligations	$ –			

Trinity paid interest costs of approximately $1,822,671 and $1,832,021 in 2013 and 2012, respectively.

5. Long-Term Obligations (continued)

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

6. Related-Party Transactions

Trinity is affiliated with Sylvania Franciscan Health and the Sisters of St. Francis of Sylvania, Ohio (Sisters), and the corporate entities affiliated with these organizations. Trinity makes payments to those organizations for a management fee and for the cost of services performed by the religious order employees. Such payments aggregated approximately $978,738 and $965,412 for the years ended December 31, 2013 and 2012, respectively. In addition, Trinity purchases professional and general liability insurance through Sylvania Franciscan Health at a cost of approximately $1,000,000 per year. As a result of Sylvania Franciscan Health's overfunded position, this was not incurred for the year ended December 31, 2012. Net amounts due from Sylvania Franciscan Health of approximately $2,330,682 and $2,224,470, respectively, at December 31, 2013 and 2012, are included in due from affiliates.

Trinity has transactions with Tri-State, which relate primarily to the rental of office space and the purchase of employee time, which are not material. Net amounts due from Tri-State of approximately $356,000 and $299,000, respectively, at December 31, 2013 and 2012, are included in due from affiliates.

Trinity purchases management services from Trinity Health System. Trinity purchased approximately $4,509,000 and $4,569,000 of services in the years ended December 31, 2013 and 2012, respectively. Trinity had a payable to Trinity Health System of approximately $919,900 and $1,016,000 as of December 31, 2013 and 2012, respectively.

7. Retirement Plans

Trinity West participates with other affiliated organizations in the Sisters of St. Francis Lay Employees' Retirement Plan (the Sisters' Plan), which is a noncontributory defined benefit retirement plan covering eligible lay-employees. The Sisters' Plan provides for retirement and disability retirement benefits based on years of service and an employee's highest consecutive three-year average earnings. In addition, the Sisters and Trinity West intend, but do not guarantee, to make annual contributions to the fund, in an amount not less than the minimum requirements set forth in the actuary's valuation report for the applicable period of time. Effective December 31, 2013, the Sisters' Plan was frozen and all pension plan benefits earned through that date were immediately vested for all participants who were actively employed with Trinity on December 31, 2013. The defined benefit plan will be replaced with a defined contribution pension plan as of January 1, 2014.

The Sisters' Plan is accounted for as a multiemployer pension plan. Accordingly, Trinity West records its required contributions to the Sisters' Plan as net period pension expense. Participating employers will continue to contribute an amount equal to a percentage of projected covered compensation. Trinity West recognized net periodic pension expense of $4,004,304 and $3,684,240 for the years ended December 31, 2013 and 2012, respectively, based on amounts funded to the Sisters' Plan. The projected benefit obligation and accumulated benefit obligation of the Sisters' Plan exceeded the fair value of plan assets by $84.7 million and $58.2 million, respectively, at December 31, 2013, using a weighted-average discount rate of 4.95%, an expected long-term rate of return on plan assets of 8.0%, and an expected rate of compensation increase of 3.5%.

Trinity East has three defined benefit pension plans. Benefits under the pension plans are generally based on years of service and the employee's average annual compensation in five of the last ten years prior to retirement in which such earnings are the highest. Trinity East funds at least the amount necessary to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Code. Effective June 1, 2014, the Trinity East plans will be frozen and all pension plan benefits earned through that date will be immediately vested for all participants who were actively employed with Trinity on that date.

Included in unrestricted net assets at December 31, 2013, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized actuarial loss of $13,422,422 and unrecognized net prior service cost of $0. The actuarial loss and prior service cost expected to be recognized during the year ending December 31, 2014, is $514,765 and $0, respectively.

7. Retirement Plans (continued)

The table below sets forth the change in the plan assets and benefit obligation of the Trinity East pension for the years ended December 31, 2013 and 2012. The table also reflects the funded status of the plans:

	Trinity East Pension Benefits	
	2013	**2012**
Change in projected benefit obligation		
Benefit obligation at beginning of year	**$ 63,092,182**	$ 55,478,119
Service cost	**1,221,915**	1,051,464
Interest cost	**2,349,995**	2,498,612
Actuarial loss	**(6,540,274)**	6,028,187
Plan curtailment	**(989,881)**	–
Benefits paid	**(2,097,820)**	(1,964,200)
Projected benefit obligation at end of year	**57,036,117**	63,092,182
Change in plan assets		
Fair value of plan assets at beginning of year	**41,049,139**	36,659,861
Actual return on plan assets	**6,463,315**	3,833,478
Employer contributions	**2,520,000**	2,520,000
Benefits paid	**(2,097,820)**	(1,964,200)
Fair value of plan assets at end of year	**47,934,634**	41,049,139
Funded status and accrued costs	**$ (9,101,483)**	$ (22,043,043)

Accrued pension and other benefits costs are included in retirement benefits payable at December 31, 2013 and 2012.

The accumulated benefit obligation for all Trinity East pension plans was $56,201,417 and $60,563,719 at December 31, 2013 and 2012, respectively.

7. Retirement Plans (continued)

The Trinity East plan assets are invested in an actively managed portfolio that integrates asset allocation strategies across equity and debt markets within the United States. The portfolio objectives are long-term growth balanced with moderate variability with an expected shift to assets to a more fixed income allocation as the plan population ages and nears retirement. The use of an appropriate asset management policy combines the various asset pools to ensure flexibility and to adapt to the changing retirement needs of the plan participants. The plan's objective is to have 45% to 65% invested in equities and 30% to 50% invested in fixed income securities. For the long-term, the primary investment objectives for the portfolio is to earn the highest possible total return consistent with prudent levels of risk. The primary objective overall is to enable the three pension plans to meet their future obligations for employee retirement.

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

	December 31	
	2013	**2012**
Asset category:		
Equity securities	**41%**	56%
Debt securities	**37**	44
Cash and cash equivalents	**22**	–
Total	**100%**	100%

7. Retirement Plans (continued)

The following table summarizes Trinity's pension assets measured at fair value on a recurring basis as of December 31, 2013 and 2012, aggregated by the level in the fair value hierarchy within which those measurements are determined. For fair value hierarchy definitions, refer to Note 3.

		Fair Value Measurement at December 31, 2013, Using:		
	Total Fair Value Measurement at December 31, 2013	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	$ 10,875,194	$ 3,449,968	$ 7,425,226	$ –
U.S. government and agency obligations	8,626,212	–	8,626,212	–
Corporate bonds:				
Domestic	7,867,072	–	7,867,072	–
International	839,677	–	839,677	–
Revenue bonds:				
Domestic	280,286	–	280,286	–
Mutual funds:				
Domestic	8,757,631	8,757,631	–	–
International	10,688,562	10,688,562	–	–
Total	$ 47,934,634	$ 22,896,161	$ 25,038,473	$ –

7. Retirement Plans (continued)

	Total Fair Value Measurement at December 31, 2012	Fair Value Measurement at December 31, 2012, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	$ 1,065,110	$ 1,065,110	$ –	$ –
U.S. government and agency obligations	6,635,592	–	6,635,592	–
Equities:				
International	4,684,791	4,684,791	–	–
Corporate bonds:				
Domestic	9,836,769	–	9,836,769	–
International	418,382	–	418,382	–
Mutual funds:				
Domestic	18,408,495	18,408,495	–	–
Total	$ 41,049,139	$ 24,158,396	$ 16,890,743	$ –

Trinity East expects to contribute approximately $2,520,000 to its pension plans in fiscal 2014.

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

	Pension Benefits
2014	$ 2,511,738
2015	2,616,745
2016	2,754,758
2017	2,898,792
2018	3,083,048
2019–2023	17,783,011

7. Retirement Plans (continued)

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

	Year Ended December 31	
	2013	**2012**
Service cost	**$ 1,221,915**	$ 1,051,464
Interest cost	**2,349,995**	2,498,612
Expected return on plan assets	**(3,042,832)**	(2,951,732)
Recognized net actuarial loss	**1,872,570**	1,343,200
Curtailment loss recognized	**482**	–
Amortization of prior service cost	**1,602**	1,602
Net periodic benefit cost	**$ 2,403,732**	$ 1,943,146

Actuarial assumptions for the plans are as follows:

	2013	**2012**
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31:		
Discount rate	**3.8%**	4.6%
Expected long-term rate of return on plan assets	**7.4**	7.5
Expected rate of compensation increase	**3.0**	3.0
Weighted-average assumptions used to determine benefit obligations at December 31:		
Discount rate	**4.7**	3.8
Rate of compensation increase	**3.0**	3.0

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

7. Retirement Plans (continued)

Defined Contribution Plan

Effective January 1, 2014, Trinity West employees, and effective June 1, 2014, Trinity East employees will be eligible to participate in a defined contribution employee benefit plan. Trinity will provide employees with an employer basic contribution equal to 1% of compensation, plus a matching contribution equal to 50% of the first 6% that employees contribute, resulting in a maximum matching contribution of 3% of compensation. Employees become 100% vested in the 1% basic contribution after three years of service and are immediately vested in the matching contribution.

Supplemental Plan

Trinity has supplemental pension and welfare agreements with certain key executives, which provide for fixed payments at the date of retirement, death, or disability and lump-sum life insurance benefits. Trinity is providing for these benefits over the estimated term of employment of the employees to age 65. The present value of these benefits of approximately $1,352,297 and $1,001,000 at December 31, 2013 and 2012, respectively, has been included in the consolidated statements of financial position as long-term retirement benefits payable. Approximately $235,000 and $293,000 was charged to expense for these benefits for the years ended December 31, 2013 and 2012, respectively. Trinity has purchased life insurance contracts on certain employees, which upon the death of the employee, may be used to fund the supplemental pension and welfare arrangements with the key executives.

8. Commitments and Contingencies

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

8. Commitments and Contingencies (continued)

Accounting Standards Codification (ASC) Topic 410, *Asset Retirement and Environmental Obligations*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Trinity has considered ASC Topic 410, specifically, as it relates to its legal obligations to perform asset retirement activities, such as asbestos removal, on its existing properties. Management of Trinity believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which Trinity may settle the obligations is unknown and cannot be estimated. As a result, as of December 31, 2013 and 2012, Trinity cannot reasonably estimate a liability related to these potential asset retirement activities.

9. Functional Expenses

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

	Year Ended December 31	
	2013	**2012**
Health care services	**$ 180,128,323**	$ 170,798,827
Management and general	**24,828,563**	24,165,374
	$ 204,956,886	$ 194,964,201

10. Leases

Trinity has operating leases for rental of office space and equipment with cancelable and noncancelable lease terms. Rental expense for 2013 and 2012 was approximately $2,209,000 and $2,042,000, respectively, and is included in purchased services, utilities, and other in the consolidated statements of operations and changes in net assets.

Minimum rental commitments for future years are as follows:

2014	$ 1,640,000
2015	1,530,000
2016	1,474,000
2017	1,474,000
2018	1,195,000

11. Endowments

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

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

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

11. Endowments (continued)

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

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

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

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

At December 31, 2013 and 2012, respectively, the endowment net asset composition by type of fund consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
December 31, 2013				
Donor-restricted funds	**$ –**	**$ –**	**$ 743,000**	**$ 743,000**
December 31, 2012				
Donor-restricted funds	$ –	$ –	$ 743,000	$ 743,000

11. Endowments (continued)

Changes in the endowment net assets for the years ended December 31, 2013 and 2012, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, December 31, 2011	$ –	$ –	$ 743,000	$ 743,000
Investment return:				
Investment income	29,352	–	–	29,352
Net appreciation (realized and unrealized)	44,000	–	–	44,000
Total investment return	73,352	–	–	73,352
Appropriation of endowment assets for expenditure	(73,352)	–	–	(73,352)
Endowment net assets, December 31, 2012	–	–	743,000	743,000
Investment return:				
Investment income	**48,559**	–	–	**48,559**
Net appreciation (realized and unrealized)	**73,000**	–	–	**73,000**
Total investment return	**121,559**	–	–	**121,559**
Appropriation of endowment assets for expenditure	**(121,559)**	–	–	**(121,559)**
Endowment net assets, December 31, 2013	**$ –**	**$ –**	**$ 743,000**	**$ 743,000**

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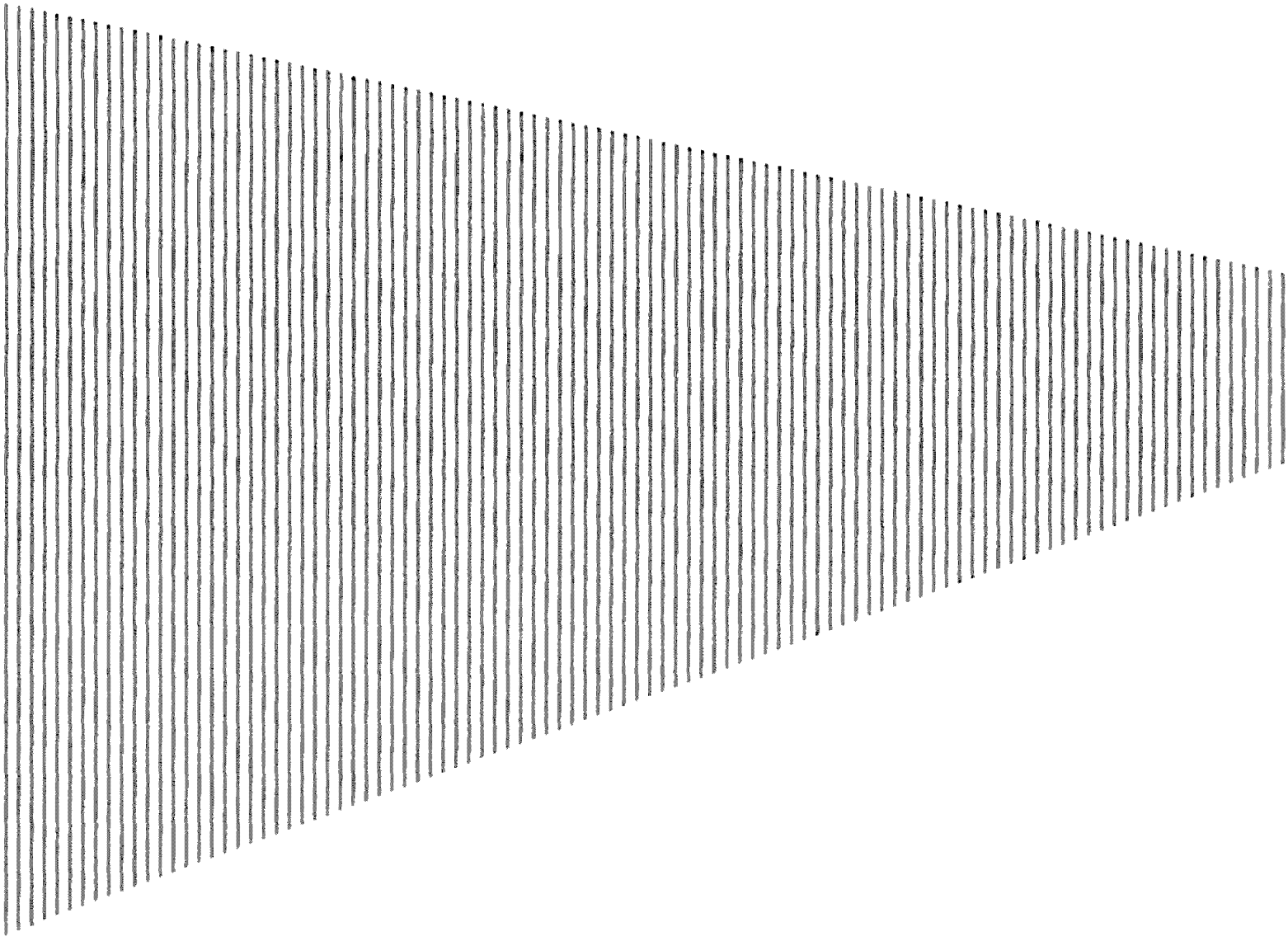
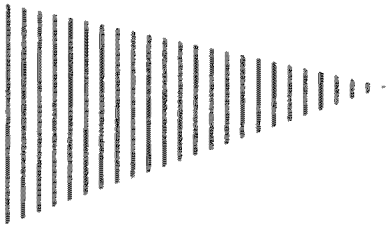


Combined Financial Statements and Other Supplementary Information

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio
Years Ended December 31, 2013 and 2012
With Reports of Independent Auditors

Ernst & Young LLP



Building a better working world

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Financial Statements and
Other Supplementary Information

Years Ended December 31, 2013 and 2012

Contents

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Report of Independent Auditors

The Board of Trustees
Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

We have audited the accompanying combined financial statements of Sylvania Franciscan Health and subsidiaries, which comprise the combined statements of financial position as of December 31, 2013 and 2012, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Sylvania Franciscan Health and Subsidiaries at December 31, 2013 and 2012, and the combined results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of ASU 2012-01, Health Care Entities, Continuing Care Retirement Communities – Refundable Advance Fees

As discussed in Note 2 to the consolidated financial statements, the Company changed its method for accounting for refundable advance fees for continuing care retirement communities as a result of the adoption of the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update 2012-01, Health Care Entities, Continuing Care Retirement Communities – Refundable Advance Fees, effective January 1, 2012. Our opinion is not modified with respect to this matter.

Ernst & Young LLP

May 6, 2014

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Statements of Financial Position

	December 31	
	2013	2012
		(As Adjusted)
Assets		
Current assets:		
Cash and cash equivalents	$ 37,646,141	$ 36,464,001
Investments	6,234,414	144,062
Current portion of trustee-held funds	8,108,841	5,777,015
Accounts and notes receivable:		
Patients and residents	156,546,705	128,246,635
Less allowances for doubtful accounts	59,432,079	42,701,911
	97,114,626	85,544,724
Other receivables	12,676,093	5,992,856
	109,790,719	91,537,580
Due from affiliates	643,461	811,346
Inventories	9,425,150	10,893,816
Prepaid expenses and other	6,201,429	5,288,322
Total current assets	178,050,155	150,916,142
Assets whose use is limited:		
Board-designated and restricted funds	93,013,922	81,204,180
Trustee-held funds, less current portion	26,767,540	56,151,002
Self-Insurance Program	20,550,681	18,303,190
Foundation investments	41,655,971	37,943,310
Other investments	1,579,803	1,476,283
	183,567,917	195,077,965
Net property and equipment	394,327,439	379,516,002
Other assets:		
Financing costs, net of amortization	5,553,234	5,672,058
Notes and other receivables	1,030,298	3,979,736
Goodwill	3,873,161	3,873,161
Certificate of need, net of amortization	3,575,238	3,451,995
Long-term investments	238,608,898	217,171,484
Other	773,803	1,071,287
	253,414,632	235,219,721
Total assets	$ 1,009,360,143	$ 960,729,830

	December 31	
	2013	2012
		(As Adjusted)
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses:		
Accounts payable	$ 39,143,143	$ 44,611,629
Compensation, fees, and amounts withheld from compensation	19,833,113	17,600,179
Accrued interest	5,070,646	4,927,176
Other	643,730	1,380,730
	64,690,632	68,519,714
Deferred revenue	260,407	119,383
Settlements payable under third-party reimbursement contracts	7,780,631	10,879,065
Lines of credit	2,763,635	2,778,635
Current portion of reserve for insurance claims	2,065,937	2,205,135
Current portion of retirement and post-retirement benefit obligations	198,377	245,421
Current portion of refundable and non-refundable entrance fees	1,082,898	1,302,265
Current portion of long-term debt and capital lease obligations	10,942,953	5,815,908
Total current liabilities	89,785,470	91,865,526
Long-term liabilities:		
Retirement plans	13,302,497	25,406,885
Post-retirement benefit obligations	666,710	1,088,548
Reserve for insurance claims	8,263,743	8,820,542
Derivative liability, net	10,205,399	14,048,674
Refundable and non-refundable entrance fees, less current portion	22,112,939	22,553,222
Long-term debt and capital lease obligations, less current portion	313,915,901	320,456,825
Other	2,642,238	2,337,738
Total liabilities	460,894,897	486,577,960
Net assets:		
Unrestricted	532,483,628	459,486,405
Temporarily restricted	11,770,192	10,465,778
Permanently restricted	4,211,426	4,199,687
Total net assets	548,465,246	474,151,870
Total liabilities and net assets	$ 1,009,360,143	$ 960,729,830

See accompanying notes.

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Statements of Operations

	Year Ended December 31	
	2013	2012
		(As Adjusted)
Revenue, gains, and other support		
Net patient service revenue, net of contractual allowances and discounts	$ 679,002,547	$ 634,065,518
Provision for bad debts	58,393,617	46,922,880
Net patient service revenue, less provision for bad debts	620,608,930	587,142,638
Other revenue	25,245,915	20,742,256
Rental revenue	10,752,154	9,264,796
Net assets released from restrictions	478,731	321,331
Total revenue, gains, and other support	657,085,730	617,471,021
Expenses		
Salaries and wages	278,086,079	258,357,724
Employee benefits	74,482,998	75,941,595
Purchased services, utilities, and other	121,670,817	112,399,595
Supplies and pharmaceuticals	101,175,685	98,155,211
Provision for bad debts	868,641	271,348
Depreciation and amortization	37,383,137	35,265,594
Professional fees	21,408,597	20,794,934
Interest	13,577,028	13,341,586
Total expenses	648,652,982	614,527,587
Operating income	8,432,748	2,943,434
Nonoperating gains (losses)		
Investment income	18,938,641	20,958,882
Net unrealized gains on investments	27,890,877	8,078,703
Contributions	1,321,001	1,759,658
Fund-raising expenses	(1,585,601)	(1,342,357)
Gains under interest rate swap agreements	6,086,113	2,074,264
Losses on disposal of assets	(142,981)	(95,438)
Gain from insurance proceeds	–	613,572
Other	608	(520,431)
Loss on acquisition of Bellville St. Joseph Health Center	(1,036,934)	–
Nonoperating gains, net	51,471,724	31,526,853
Excess of revenue over expenses	$ 59,904,472	$ 34,470,287

See accompanying notes.

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Statements of Changes in Net Assets

	Year Ended December 31	
	2013	2012
		(As Adjusted)
Unrestricted net assets		
Excess of revenue over expenses	**$ 59,904,472**	$ 34,470,287
Other changes:		
Change in pension liability	**12,824,810**	(3,801,639)
Net assets released from restrictions	**267,941**	1,065,399
Increase in unrestricted net assets	**72,997,223**	31,734,047
Temporarily restricted net assets		
Contributions	**1,770,162**	1,388,945
Investment income	**71,547**	198,059
Net unrealized gains on investments	**767,024**	265,630
Net assets released from restrictions	**(1,304,319)**	(1,471,818)
Increase in temporarily restricted net assets	**1,304,414**	380,816
Permanently restricted net assets		
Investment income (loss)	**14,579**	(1,424)
Net unrealized gains on investments	**580**	366
Donations and other, net	**(3,420)**	15,951
Increase in permanently restricted net assets	**11,739**	14,893
Increase in net assets	**74,313,376**	32,129,756
Net assets at beginning of year, as adjusted	**474,151,870**	442,022,114
Net assets at end of year	**$ 548,465,246**	$ 474,151,870

See accompanying notes.

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Statements of Cash Flows

	Year Ended December 31	
	2013	2012
		(As Adjusted)
Operating activities and nonoperating (losses) gains		
Increase in net assets	**$ 74,313,376**	$ 32,129,756
Adjustments to reconcile increase in net assets to net cash provided by operating activities and nonoperating (losses) gains:		
Loss on acquisition of Bellville St. Joseph Health Center	**1,036,934**	–
Write-off of financing costs	**–**	238,109
Amortization of entrance fees	**(863,385)**	(1,058,327)
Change in fair value of interest rate swaps	**(3,718,421)**	(196,069)
Change in unrealized gains on investments	**(28,658,481)**	(8,344,699)
Provision for bad debts	**59,262,258**	47,194,228
Restricted contributions and investment income received	**(1,856,288)**	(1,424,019)
Depreciation and amortization	**37,383,137**	35,265,594
Losses on disposal of assets	**142,981**	95,438
Gain from insurance proceeds	**–**	(613,572)
Changes in operating assets and liabilities:		
Patients and residents accounts receivable	**(69,693,822)**	(51,249,639)
Inventories and other current assets	**(5,436,189)**	769,307
Other assets	**172,630**	693,675
Investments	**(3,389,056)**	(28,207,713)
Accounts payable and other current liabilities	**(7,149,829)**	6,328,995
Net settlements from third party	**(3,098,434)**	485,046
Reserve for insurance claims	**(695,997)**	921,178
Other liabilities	**(6,949,961)**	7,084,343
Net cash provided by operating activities and nonoperating (losses) gains	**40,801,453**	40,111,631
Investing activities		
Payments received on notes receivable	**546,602**	19,729,967
Purchases of property and equipment	**(46,572,283)**	(52,807,826)
Purchases of certificate of needs	**(221,127)**	(433,316)
Decrease (increase) in assets whose use is limited	**13,807,993**	(36,911,933)
Cash received upon acquisitions	**123,994**	–
Acquisition of physician practice	**–**	(1,300,000)
Proceeds from insurance claim	**–**	613,572
Net cash used in investing activities	**(32,314,821)**	(71,109,536)

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combined Statements of Cash Flows (continued)

	Year Ended December 31	
	2013	**2012**
		(As Adjusted)
Financing activities		
Payments on capital leases	**$ (369,079)**	$ (582,692)
Entrance obligation remitted	**(4,781,114)**	(3,354,442)
Repayments of long-term debt	**(6,514,344)**	(11,444,944)
Proceeds from issuance of long-term debt	**2,570,515**	49,280,000
Net proceeds from line of credit	**(15,000)**	779,667
Restricted contributions and investment income received	**1,856,288**	1,424,019
Financing costs paid	**(51,758)**	(404,180)
Net cash (used in) provided by financing activities	**(7,304,492)**	35,697,428
Increase in cash and cash equivalents	**1,182,140**	4,699,523
Cash and cash equivalents at beginning of year	**36,464,001**	31,764,478
Cash and cash equivalents at end of year	**$ 37,646,141**	$ 36,464,001

See accompanying notes.

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Notes to Combined Financial Statements

December 31, 2013

1. Basis of Presentation

Sylvania Franciscan Health (the Combined Group or Corporation) is the formal expression of the sponsored health and human services ministry of the Sisters of St. Francis of Sylvania, Ohio (the Sisters). Among the member organizations in Ohio, Kentucky, and Texas are seven hospitals, eight long-term care facilities, six assisted-living facilities, independent senior housing, a counseling center, domestic violence shelter, and other supporting organizations.

The Combined Group includes the accounts of the following:

- Sylvania Franciscan Health (corporate office; Franciscan Services Self-Insurance Program, which was dissolved in November 2012; SFH Assurance, LTD.; and SFH Foundation)

- Franciscan Shelters (d.b.a. Bethany House)

- Sophia Center

- Franciscan Living Communities (corporate office; Providence Care Centers and subsidiaries, which include Providence Care Centers, The Commons of Providence, Providence Residential Community, and The Providence Care Centers; Franciscan Care Center; Rosary Care Center; St. Leonard and subsidiaries, which includes St. Leonard, Joseph Bernadine Residence, LLC., and St. Leonard Foundation; Franciscan Properties; Madonna Manor, Inc.; St. Clare Commons; Franciscan Homecare Services of NW Ohio; and Franciscan Homecare Services of Miami Valley). Effective April 1, 2012, Rosary Care Center was no longer a wholly owned subsidiary of Franciscan Living Communities and instead became a member of the Corporation. On March 26, 2013, all of the St. Leonard Center Limited Partnership net assets were acquired and merged into Joseph Bernardin Residence, LLC. With this transaction, amounts Communities had previously loaned in the past in the amount of $2,402,000 were converted to equity, and no further cash was exchanged. In addition, Communities assumed debt in the amount of $849,769 (which approximated fair value) and recorded other assets acquired and liabilities assumed at fair value.

1. Basis of Presentation (continued)

St. Joseph Services Corporation d.b.a. St. Joseph Health System and subsidiaries (St. Joseph Regional Health Center of Bryan, Texas (St. Joseph); St. Joseph Foundation of Bryan, Texas; Burleson St. Joseph Health Center; Madison St. Joseph Health Center; Bellville St. Joseph Health Center (acquired March 1, 2013), Alliance Health Providers of Brazos Valley, Inc.; St. Joseph Regional Health Partners; St. Joseph Regional Health Partners ACO; St. Joseph Physician Associates; Tau Enterprises, Inc. (dissolved effective September 30, 2012); St. Joseph Manor; and Burleson St. Joseph Manor). The Corporation acquired Bellville St. Joseph Health Center on March 1, 2013, which is an acute care hospital in Bellville, Texas for no consideration. The acquisition enabled the Corporation to expand its health care services in Texas. The significant net assets acquired were $1,137,000 in accounts receivable; $2,115,000 in property, plant, and equipment; $2,945,000 in accounts payables and accruals; and $1,856,000 in debt. This acquisition resulted in a loss of $1,036,000 based on the deficit of net assets acquired and has been included in excess of revenue over expenses. All activity since the date of acquisition has been included in the combined financial statements.

- Trinity Health System Corporation and subsidiaries (Trinity Hospital Holding Company, including Trinity East and Trinity West; Trinity Health Foundation; and its wholly owned for-profit subsidiary, Trinity Management Services Organization, Inc.).

- Trinity Hospital Twin City

All of the assets, liabilities, revenues, expenses, nonoperating gains and losses, and other changes in net assets of Trinity Health System Corporation and subsidiaries (collectively, Trinity Health System) are reflected in the combined statement of financial position. The Corporation maintains a 50% ownership interest in Trinity Health System.

Significant intercompany balances and transactions between these entities have been eliminated in combination.

2. Significant Accounting Policies

The accounting principles followed by the Combined Group and the methods of applying those principles that materially affect the determination and reporting of the combined financial position, results of operations, and cash flows are summarized below.

Operating Activity

The Combined Group's primary mission is to provide health care services through its acute care, specialty care facilities, and other organizations. Only those activities directly associated with the furtherance of this purpose are considered to be operating activities.

Other activities that result in gains and losses unrelated to the Combined Group's primary mission are considered to be nonoperating. Nonoperating gains and losses include investment income, net realized and unrealized gains and losses on sale of investments other than trustee-held investments related to borrowed funds, unrestricted contributions, fund-raising expenses, change in the fair value of interest rate swaps, gains and losses from insurance proceeds, gains and losses from acquisitions, gains and losses on disposals of property and equipment, and other extraordinary items.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Adjustments to estimates are recorded, as appropriate, in the periods in which they are determined.

Cash and Cash Equivalents

Cash and cash equivalents include currency on hand, demand deposits with financial institutions, and liquid investments with a maturity of three months or less. Assets whose use is limited by board designation or other arrangements under trust agreements are excluded from cash and cash equivalents in the combined statements of cash flows.

2. Significant Accounting Policies (continued)

Investments

Investments are carried at fair value and accounted for as trading securities. Investment income, including realized gains and losses and unrealized gains and losses, is included in excess of revenues over expenses unless restricted by the donor in connection with a gift. In December 2012, the Corporation established a master investment pool (Master Investment Pool) in which certain affiliated organizations participate. The accompanying combined financial statements reflect the total net assets and transactions of the Master Investment Pool. At December 31, 2013 and 2012, certain investments totaling $1,380,000 are carried at cost, adjusted for impairment deemed to be other than temporary, and are included in long-term investments. Management deemed it not practical to estimate the fair value of these investments.

Patient Accounts Receivable and Net Patient Service Revenue

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

For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary, for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make realization of amounts due unlikely. For receivables associated with self-pay residents, which includes both residents without insurance and residents with deductibles and co-payment balances due for which third-party coverage

2. Significant Accounting Policies (continued)

exists for part of the bill, the Corporation records a provision for bad debts on the basis of its past experience. The difference between the standard rates and the amount actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Corporation's allowance for doubtful accounts increased from 33% of accounts receivable at December 31, 2012, to 38% of accounts receivable at December 31, 2013. In addition, the Corporation's self-pay write-offs decreased approximately $3 million from $48 million in fiscal year 2012 to $45 million in fiscal year 2013. This decrease was mainly the result of a shift from bad debt to charity in fiscal year 2013. The Corporation has not changed its charity care policy or uninsured discount policies during fiscal years 2012 or 2013. The Corporation does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

The provision for bad debts is included with net patient service revenue for the Corporation's acute care facilities as they do not assess the patient's ability to pay prior to providing the service, while the long-term care facilities' provision for bad debts is presented as an operating expense as they do assess the residents' ability to pay prior to providing the services and therefore the subsidiaries' presentation is retained in the combined financial statements.

The reimbursement of certain inpatient services under the Medicare and Medicaid programs is subject to final determination by the respective agencies. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Provision is made currently in the combined financial statements for estimated settlements under third-party reimbursement contracts and adjusted in future periods as final settlements are determined. These provisions and settlements are included in net patient service revenue. Management is of the opinion that adequate provision has been made for unsettled cost reports and for any adjustments that may result from settlements. Prior year settlements increased the excess of revenues over expenses by $8,224,100 in 2013 and $7,373,200 in 2012.

For uninsured residents who do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates for services provided or on the basis of discounted rates if negotiated. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for bad debts related to uninsured patients in the period the services are provided.

2. Significant Accounting Policies (continued)

Patient service revenue, net of contractual allowances and discounts, recognized as of December 31, 2013 and 2012, from these major payor sources approximates the following:

2013	Medicare	Medicaid	Commercial	Self-Pay	Other	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 256,000,000	$ 60,000,000	$ 148,000,000	$ 134,000,000	$ 81,000,000	$ 679,000,000
	37.6%	8.9%	21.8%	19.8%	11.9%	100.0%
2012						
Patient service revenue (net of contractual allowances and discounts)	$ 243,000,000	$ 52,000,000	$ 155,000,000	$ 113,000,000	$ 71,000,000	$ 634,000,000
	38 3%	8 2%	24 5%	17 8%	11 2%	100 0%

The 1115 Transformation Waiver is a program that balances payment for uncompensated care costs with the need to improve quality of care for Texas recipients. The program divides the state into 20 Regional Health Partnerships, creating an environment where regional collaboration is essential to earn monies. The Corporation recognized all funds received under the program as operating revenue in the applicable year, and any amount relating to that year that is not yet received is included in receivables in the accompanying statements of financial position. The Corporation recognized revenue of $14,043,000 for the year ended December 31, 2013. The Corporation recognized revenue of $5,386,000 for funds received from the upper payment limit (UPL) programs for the year ended December 31, 2012. The 11105 Transformation Waiver resulted in the discontinuation of the UPL supplemental payment program in the state.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Corporation believes that it is in compliance with all applicable laws and regulations. Noncompliance with such laws and regulation can be subject to regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Charity Care

The members of the Corporation accept all patients regardless of their ability to pay. A patient is determined to be a charity patient by reference to certain established policies of the hospitals. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the members utilize generally recognized

2. Significant Accounting Policies (continued)

poverty income level but also include certain cases where incurred charges are significant when compared to income. Charity care is reported as an adjustment to revenue in the combined statements of operations.

The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to the Corporation for services provided to qualified persons who cannot afford to pay. The amount of HCAP reimbursements received by the Corporation was approximately $2,074,000 and $1,042,000 for the years ended December 31, 2013 and 2012, respectively.

Contributions and Pledges

Contributions and pledges are recorded at fair value. Contributions not restricted by donors are included in unrestricted net assets. Contributions that are received with donor stipulations that limit the use of the donated asset are recorded as temporarily restricted net assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statements of operations as net assets released from restrictions. Allowances for uncollectible pledges are provided for as deemed necessary.

Inventories

Inventories of supplies are stated at the lower of cost, using the first-in, first-out method, or market.

Assets Whose Use Is Limited

Certain funds are board designated for acquisition of property and equipment. Trustee-held funds are for the retirement of revenue bonds and to fund construction programs. The funds for the Self-Insurance Program, as defined in Note 6, are for current and future malpractice claims. Accordingly, these assets have been classified as noncurrent, except for amounts held for current payments on revenue bonds and payments for capital-related expenditures. Foundation investments are used to fund special projects and support the Corporation's activities.

2. Significant Accounting Policies (continued)

Financing Costs

Financing costs are primarily amortized over the period the obligations are outstanding.

Certificates of Need

The certificates of need relate to Franciscan Living Communities and Rosary Care Center and are recorded at cost. Amortization is based on the straight-line method over the estimated useful life.

Goodwill

Goodwill is the excess of the acquisition cost of a business over the fair value of the identifiable net assets acquired. Goodwill is subject to annual impairment assessments.

Impairment of Long-Lived Assets

When events, circumstances, or operating results indicate that the carrying value of certain long-lived assets that are expected to be held and used might be impaired, the Corporation prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value.

Fair value may be estimated based upon internal evaluations of each market that include quantitative analyses of revenues and cash flows, review of recent sales of similar facilities, and independent appraisals.

Property and Equipment

Property and equipment are carried at cost or fair value at date of gift. Expenditures for renewals or betterments are capitalized, and expenditures for maintenance and repairs are charged to expense. Depreciation of property and equipment and amortization of assets acquired under capital leases are provided by the straight-line method at rates based on the estimated lives or the

2. Significant Accounting Policies (continued)

terms of the leases. Amortization of assets under capital leases is included with depreciation expense. 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.

Entrance Fees

Residents of Providence Residential Community and St. Leonard may pay an entrance fee prior to occupancy. The residency agreements provide that 90% or 50% of entrance fees for Providence Residential Community and 100% or 75% of entrance fees for St. Leonard are refunded after the death or departure of a resident. Refunds are paid to the former resident within 90 days of departure for Providence Residential Community, and the refundable portion of the entrance fee is recorded as a liability. Refunds are paid to the former resident once the unit has been reoccupied for St. Leonard, and for certain residential contracts, the refundable portion of the entrance fee is amortized on the straight-line method over the expected remaining life of the facility while others are recorded as a liability based on the nature of the contract. The nonrefundable portion of entrance fees (10% or 50% for Providence Residential Community and 25% for St. Leonard) and rental fees paid in advance are deferred and amortized into revenue using the straight-line method over the estimated lives of the residents. In 2013, the Corporation was required to adopt Accounting Standards Update (ASU) 2012-01, *Continuing Care Retirement Communities – Refundable Advance Fees.* See the adoption of the new accounting standards section of Note 2 for the resulting effect on the combined financial statements.

Net Assets

Unrestricted net assets generally result from revenues derived from providing services, producing and delivering goods, receiving unrestricted contributions, and receiving dividends or interest from investing in income-producing assets, less expenses incurred in providing services, producing and delivering goods, raising contributions, and performing administrative functions.

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are $11,770,000 and $10,465,000 as of December 31, 2013 and 2012, respectively, and are mainly for the Corporation's operations and capital initiatives. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Permanently restricted net assets are $4,211,000 and $4,199,000 as of December 31, 2013 and 2012, respectively, and are endowment funds.

2. Significant Accounting Policies (continued)

Net assets were released from temporary restriction from continuing operations by incurring expenses and purchasing assets to satisfy the restrictions in the amounts of $1,304,319 and $1,471,818 during the years ended December 31, 2013 and 2012, respectively.

Derivatives

The Corporation uses derivatives to modify the interest rates and manage risks associated with its outstanding debt. The Corporation recognizes all derivatives on the combined statements of financial position at fair value and changes in fair value are recorded through income in excess of revenue over expenses.

Income Taxes

The Combined Group consists mostly of nonprofit organizations affiliated with the Sisters. Each nonprofit member of the Combined Group has been granted an exemption from federal income taxes under Section 501(c)(3) or Section 501(a) of the Internal Revenue Code. Alliance Health Providers of Brazos Valley, Inc. is a for-profit corporation and files a federal income tax return on a separate-entity basis. There is presently no premium, income, or capital gains taxes imposed by the government of the Cayman Islands, and if any form of taxation were to be enacted in the future, SFH Assurance, LTD has been granted an exemption until the year 2032. There are no material unrecorded tax liabilities or uncertain tax positions at December 31, 2013 or 2012.

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments depends on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or update certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

2. Significant Accounting Policies (continued)

The Corporation accounts for HITECH incentive payments under a grant accounting model. Income from Medicare incentive payments is recognized as revenue after the Corporation has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and there is reasonable assurance the grants will be received. The Corporation recognized revenue from Medicaid incentive payments after it has demonstrated compliance with the meaningful use criteria. Incentive payments totaling approximately $8,962,000 and $6,325,000 for the years ended December 31, 2013 and 2012, respectively, are included in total other operating revenue in the accompanying combined statement of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment as incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, the Corporation's compliance with the meaningful use criteria is subject to audit by the federal government.

Adoption of New Accounting Standard

In July 2012, the Financial Accounting Standards Board (FASB) issued ASU 2012-01, which clarifies that a continuing care retirement community should classify a refundable advance fee as deferred revenue only when its resident contract provides for repayment of the fee upon reoccupany and repayment is limited to the proceeds it receives from the new occupant; otherwise the advance fee is classified as a liability. The pronouncement is effective for fiscal periods beginning after December 15, 2012, and must be adopted retrospectively and, therefore, was adopted January 1, 2013, with an effective date of January 1, 2012. The adoption of this ASU decreased net assets by $3,855,000 as of January 1, 2012, decreased operating income by $261,000, and increased refundable entrance fees by $4,117,000 for the year ending December 31, 2012. Lastly, the impact of adopting this ASU resulted in a decrease in operating income of $287,000 for the year ending December 31, 2013.

In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements*. The ASU provided source literature amendments, guidance clarifications, reference corrections, and relocated guidance. The amendments that are subject to the transition guidance will be effective for fiscal periods beginning after December 15, 2012, and therefore, was adopted effective January 1, 2013. The ASU did not have an effect on the combined financial statements.

2. Significant Accounting Policies (continued)

In October 2012, the FASB issued ASU 2012-05, *Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows.* The amendments require cash receipts from the sale of donated financial assets that had no restrictions and were immediately converted to cash to be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which cash those cash receipts should be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities. The pronouncement is effective for fiscal years beginning after June 15, 2013. The ASU is not expected to have a material effect on the combined financial statements.

In February 2013, the FASB issued ASU 2013-04, *Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date.* The amendment requires an entity to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation is fixed at the reporting date. The pronouncement is effective for fiscal years beginning after December 15, 2013. The ASU is not expected to have a material effect on the combined financial statements.

In April 2013, the FASB issued ASU 2013-06, *Services Received from Personnel of an Affiliate.* The amendment requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge the recipient not-for-profit entity. The pronouncement is effective for fiscal years beginning after June 15, 2014. The ASU is not expected to have a material effect on the combined financial statements.

Subsequent Events

The Combined Group evaluates subsequent events, which are events that occur after the balance sheet date but before the combined financial statements are issued, for potential recognition in the combined financial statements as of the balance sheet date. For the year ended December 31, 2013, the Combined Group evaluated the impact of subsequent events through May 6, 2014, representing the date on which the combined financial statements were available to be issued. No recognized subsequent events were identified for recognition or disclosure in the combined statements of financial position or the accompanying notes to the combined financial statements. Certain non-recognized subsequent events were identified for disclosure in Note 9 in the accompanying notes to the combined financial statements.

3. Charity Care

The members of the Combined Group maintain records to identify and monitor the level of charity care they provide. These records include the amount of costs for services and supplies furnished under their charity care policy and equivalent service statistics. The costs of providing care is estimated using the Combined Group's internal cost data and is calculated in compliance with guidelines established by both the Catholic Health Association and the Internal Revenue Service. The amount of traditional charity care provided, determined on the basis of cost, was approximately $26,917,000 and $23,159,000 for the years ended December 31, 2013 and 2012, respectively.

4. Assets and Liabilities Measured at Fair Value

Assets whose use is limited are recorded at fair value and consist of the following:

	December 31	
	2013	2012
Board-designated funds	$ 93,013,922	$ 81,204,180
Trustee-held funds, including current portion of $8,108,841 and $5,777,015 for 2013 and 2012, respectively	34,876,381	61,928,017
Self-Insurance Program	20,550,681	18,303,190
Foundation investments	41,655,971	37,943,310
Other investments	1,579,803	1,476,283
Total	191,676,758	200,854,980
Less amounts in current assets	8,108,841	5,777,015
Total assets whose use is limited	$ 183,567,917	$ 195,077,965
Cash and cash equivalents	$ 24,116,692	$ 24,659,818
U.S. government securities	13,520,661	34,110,946
Corporate bonds	1,267,521	32,726,884
Mutual funds	77,810,522	80,541,824
Equities	74,053,587	27,992,063
Other	797,775	823,445
Certificate of deposit	110,000	–
Total	$ 191,676,758	$ 200,854,980

4. Assets and Liabilities Measured at Fair Value (continued)

Long-term investments consist of the following:

	December 31 2013	2012
Cash and cash equivalents	$ 921,554	$ 20,658,451
U.S. government securities	166	1,524,025
Corporate bonds	–	5,884,238
Mutual funds	116,245,066	138,902,144
Equities	126,295,769	48,862,857
Other	1,380,757	1,483,831
Total investments	244,843,312	217,315,546
Less amounts in current assets	6,234,414	144,062
Total long-term investments	$ 238,608,898	$ 217,171,484

The following schedule summarizes the investment return and its classification in the combined statements of operations and changes in unrestricted net assets from continuing operations:

	Year Ended December 31 2013	2012
Income:		
Interest and dividends	$ 6,293,452	$ 7,820,354
Net realized gains	12,874,729	13,829,376
Net unrealized gains	28,658,481	8,344,699
Total investment return	$ 47,826,662	$ 29,994,429
Interest income included in operations	$ 143,414	$ 494,213
Nonoperating investment income and realized and unrealized gains	47,683,248	29,500,216
Total investment return	$ 47,826,662	$ 29,994,429

The Combined Group designates investment return on trustee-held funds related to borrowed funds for support of current operations. The remainder is classified as nonoperating.

4. Assets and Liabilities Measured at Fair Value (continued)

Accounting Standards Codification 820, *Fair Value Measurement,* includes a fair value hierarchy that is intended to increase consistency and comparability in fair value measurements and related disclosures. The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that is either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources, while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

- Level 1 – Inputs are quoted prices in active markets for identical assets or liabilities.

- Level 2 – Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable, and market-corroborated inputs that are derived principally from or corroborated by observable market data.

- Level 3 – Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

As of December 31, 2013 and 2012, the assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

U.S. government securities – The fair value of investments in U.S. government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

4. Assets and Liabilities Measured at Fair Value (continued)

Corporate bonds – The fair value of investments in U.S. and international corporate bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security-specific characteristics, such as redemption options.

Equities – The fair value of investments in U.S. and international equity securities is based on the closing price reported on the active market on which the individual securities are traded.

Mutual funds – The fair value of mutual funds is primarily determined using the calculated net asset value. The values of the underlying investments are fair value estimates determined by external fund managers.

Certificates of deposit – The fair value of certificates of deposit is primarily based on cost plus accrued interest.

Derivatives – The fair value of the Corporation's derivatives is determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved.

4. Assets and Liabilities Measured at Fair Value (continued)

The following tables represent the Combined Group's financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2013 and 2012, and the basis for that measurement:

		Fair Value Measurement at December 31, 2013, Using:		
	Total Fair Value Measurement	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets whose use is limited:				
Cash and cash equivalents	$ 24,116,692	$ 22,520,903	$ 1,595,708	$ –
U S. government securities	13,520,661	–	13,520,661	–
Fixed income·				
International	18,382	–	18,382	–
Domestic	1,249,139	–	1,249,139	–
Mutual funds:				
International	25,226,164	25,226,164	–	–
Domestic	46,845,312	46,845,312	–	–
Alternative	5,739,046	5,739,046	–	–
Equities				
International	19,136,702	19,136,702	–	–
Domestic	54,916,885	54,916,885	–	–
Certificate of deposit	110,000	–	110,000	–
Other	797,775	598,960	108,020	90,795
	191,676,758	174,984,053	16,601,910	90,795
Other investments:				
Cash and cash equivalents	921,554	921,554	–	–
U S. government securities	166	–	166	–
Mutual funds·				
International	40,678,214	40,678,214	–	–
Domestic	57,484,990	57,484,990	–	–
Alternative	18,081,862	11,990,217	6,091,645	–
Equities:				
International	36,894,338	36,894,338	–	–
Domestic	89,401,431	89,401,431	–	–
	243,462,555	237,370,744	6,091,811	–
Total investments	$ 435,139,313	$ 412,354,797	$ 22,693,721	$ 90,795
Other assets:				
Derivative asset	$ 254,101	$ –	$ 254,101	$ –
Other long-term liabilities.				
Derivative obligation	$ 10,205,399	$ –	$ 10,205,399	$ –

4. Assets and Liabilities Measured at Fair Value (continued)

		Fair Value Measurement at December 31, 2012, Using:		
	Total Fair Value Measurement	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets whose use is limited.				
Cash and cash equivalents	$ 24,659,818	$ 24,659,818	$ –	$ –
U S government securities	34,110,946	–	34,110,946	–
Corporate bonds				
International	1,419	–	1,419	–
Domestic	32,725,465	–	32,725,465	–
Mutual funds				
International	8,867,130	8,867,130	–	–
Domestic	71,674,694	71,674,694	–	–
Equities:				
International	2,242,851	2,242,851	–	–
Domestic	25,749,212	25,749,212	–	–
Other	823,445	313,916	82,423	427,106
	200,854,980	133,507,621	66,920,253	427,106
Other long-term investments:				
Cash and cash equivalents	20,658,451	20,658,451	–	–
U S. government securities	1,524,025	–	1,524,025	–
Corporate bonds:				
Domestic	5,884,238	–	5,884,238	–
International				
Mutual funds:				
International	58,681	58,681	–	–
Domestic	138,843,463	138,843,463	–	–
Equities·				
International	9,935,887	9,935,887	–	–
Domestic	38,926,970	38,926,970	–	–
Certificate of deposits	103,074	–	103,074	–
	215,934,789	208,423,452	7,511,337	–
Total investments	$ 416,789,769	$ 341,931,073	$ 74,431,590	$ 427,106
Other assets:				
Derivative asset	$ 378,955	$ –	$ 378,955	$ –
Other long-term liabilities.				
Derivative obligation	$ 14,048,674	$ –	$ 14,048,674	$ –

4. Assets and Liabilities Measured at Fair Value (continued)

The carrying value of cash and cash equivalents, accounts receivable, and accounts payable are reasonable estimates of fair value due to the short-term nature of these financial instruments. Investments are recorded at fair value. The carrying value and fair value of the Combined Group's long-term debt, as estimated by discounted cash flow analyses using the current borrowing rate for similar types of borrowing arrangements and adjusted for credit, respectively, were approximately $324,859,000 and $319,909,000, respectively, at December 31, 2013, and approximately $326,273,000 and $336,367,000, respectively, at December 31, 2012. Other financial instruments reported as noncurrent assets and liabilities have carrying values that approximate fair value.

5. Net Property and Equipment

Net property and equipment consist of the following:

	December 31	
	2013	**2012**
Land and land improvements	**$ 40,031,370**	$ 39,095,993
Buildings and fixed equipment	**514,317,697**	464,375,533
Major movable equipment	**240,968,121**	217,200,614
Construction in progress	**2,208,368**	27,220,580
	797,525,556	747,892,720
Less allowances for depreciation	**(403,198,117)**	(368,376,718)
Totals	**$ 394,327,439**	$ 379,516,002

The estimated cost to complete construction in progress projects was approximately $25,139,000 and $37,700,000 at December 31, 2013 and 2012, respectively. At December 31, 2013, major movable equipment includes $11,862,000 in capitalized software costs, and $862,000 was expensed due to amortization. At December 31, 2012, construction in progress includes $3,208,000 in capitalized software costs.

6. Professional Liability Insurance

SFH Assurance, LTD (the Self-Insurance Program) was established by the Corporation to provide up to $4 million of professional liability for acute care entities and $2 million for long-term care entities ($9 million in aggregate), $1 million for each employers' liability claim, $1 million for each employee benefits liability claim, and $2 million for each general liability claim ($6 million aggregate) to the affiliated entities of the Combined Group. The Corporation has also purchased excess coverage insurance. The Self-Insurance Program has a claims-made policy and provides for primary-level funding. Each affiliated entity makes an annual contribution to the Self-Insurance Program based upon a liability risk analysis study for each policy year, which is actuarially determined. The policies issued by the Self-Insurance Program are subject to a retrospective rating plan, under which retrospective premiums are calculated based on any surplus or deficiency resulting from the policy period. Retrospective credits and assessments are included in income in the period in which they are determined.

Losses are paid from the Self-Insurance Program for covered claims on behalf of each participant in any policy year, assuming the policy limit is not exceeded. Also, if the Self-Insurance Program contains insufficient amounts to pay the maximum that can be paid in any policy year, each participant will be assessed the amount of the shortfall based on its historical contributions to the Self-Insurance Program. The Self-Insurance Program accrues for estimated losses attributable to reported claims, the development of these known claims, incurred but not reported claims, and legal expenses for periods covered by the claims-made insurance using a discount rate of 3.0%. The Self-Insurance Program accrued approximately $10,330,000 and $11,026,000 at December 31, 2013 and 2012, respectively, related to amounts that potentially will be paid from assets presently held in the Self-Insurance Program. Although management believes that the Self-Insurance Program's reserves are adequate, there can be no assurance that the reserves will not require material adjustment in future years. Changes in estimates of outstanding losses resulting from the continuous review process and differences between estimates and payments for losses are recognized as income or expense in the period in which the estimates are changed or payments are made.

The policies issued by the Self-Insurance Program are subject to a retrospective rating plan, under which retrospective premiums are calculated based on any surplus or deficiency resulting from the policy period. Retrospective credits and assessments are included in income in the period in which they are determined.

7. Lines of Credit

The Corporation has an unsecured $10 million line of credit through May 31, 2013, with a local bank of which the outstanding balance was approximately $963,000 and $703,000 at December 31, 2013 and 2012. The interest rate was 1.19% and 1.25% at December 31, 2013 and 2012, respectively.

Trinity Hospital Twin City has an unsecured $2,000,000 line of credit with a local bank, of which the outstanding balance was $1,800,000 and $2,000,000 at December 31, 2013 and 2012, respectively. The interest rate was 1.25% and 1.70% at December 31, 2013 and 2012, respectively. Rosary has a $100,000 line of credit with a bank at an interest rate of prime (3.25% at December 31, 2012) and secured by the assets of Rosary. The amount outstanding as of December 31, 2013 and 2012, is $0 and $75,000, respectively.

The Trinity Hospital Twin City and Rosary lines of credit are guaranteed by the Corporation.

8. Long-Term Debt and Interest Rate Swaps

Long-term debt and capital lease obligations consist of the following:

	December 31 2013	2012
Revenue bonds		
Brazos County (Texas) Health Facilities Development Corporation		
Series 1993B – St. Joseph Regional Health Center	$ 16,772,200	$ 17,057,800
Series 1997A – St. Joseph Regional Health Center	47,152,000	47,672,000
Series 1997B – St. Joseph Manor	13,895,000	13,895,000
Series 2002 – St. Joseph Regional Health Center	27,500,000	27,500,000
Series 2008 – St. Joseph Regional Health Center	27,545,000	28,090,000
Series 2009 – Burleson St. Joseph Manor	6,825,000	7,140,000
County of Erie, Ohio:		
Series 1996A – Providence Care Centers	460,000	895,000
Series 2009C – Providence Care Centers	4,480,000	4,505,000
Series 2009B – The Commons of Providence	3,465,000	3,484,250
Series 2009A – Providence Residential Community Corporation	7,280,000	7,315,000
Series 2009B – The Commons of Providence	2,805,000	2,850,750
County of Montgomery, Ohio:		
Series 2010 – St. Leonard	40,005,000	40,575,000
St. Clare Commons 2012A Project	33,200,000	33,200,000
Village of Botkins, Ohio:		
Series 2012 – Franciscan Care Center	9,605,000	9,760,000
Kentucky Economic Development Finance Authority.		
Series 2010 – Madonna Manor, Inc.	28,440,000	28,440,000
City of Steubenville, Ohio:		
Series 2010 – Trinity	39,560,000	41,085,000
County of Tuscarawas, Ohio:		
Trinity Hospital Twin City	5,520,000	5,760,000
City of Sylvania, Ohio:		
Series 2012 – Rosary Care Center	4,325,000	4,395,000
Other		
Notes and mortgages payable to financial institutions, various interest rates with final installments due at various dates from 2014 to 2025	7,741,898	4,202,096
Other notes payable	175,000	175,000
Charitable gift annuity	128,512	150,450
Capital lease obligations collateralized by equipment	172,802	541,881
	327,082,412	328,689,227
Less current portion	(10,942,953)	(5,815,908)
Less original discount	(2,223,558)	(2,416,494)
Total long-term debt and capital lease obligations	$ 313,915,901	$ 320,456,825

8. Long-Term Debt and Interest Rate Swaps (continued)

The current members of the Obligated Group are St. Joseph Regional Health Center of Bryan, Texas (St. Joseph); the corporate office of the Corporation; St. Joseph Manor; and St. Joseph Physician Associates (SJPA) effective June 30, 2012, which have adopted a common plan of financing under a Master Trust Indenture.

Under the Master Trust Indenture, each member of the Obligated Group is jointly and severally liable for payment of debt issued pursuant to the Master Trust Indenture. The Obligated Group has issued several series of revenue bonds through Brazos County (Texas) Health Facilities Development Corporation (BCHFDC) in connection with various financing and construction projects. Under the Master Trust Indenture, the Obligated Group is jointly and severally liable for payment of Series 1993B, 1997A, 1997B, 2002, and 2008 Bonds, as a result of each having pledged to meet the principal and interest on each note for so long as any bonds are outstanding. In addition, the Obligated Group has agreed to certain operational and financial restrictions to limit additional indebtedness and guarantees, maintain specified financial ratios, and fulfill sinking fund requirements in various trustee-held accounts, among other covenants. The assets and other accounts of SFH Assurance, Ltd. are not subject to the provisions of the Master Trust Indenture.

In addition, the Obligated Group has issued notes to secure the guaranty by St. Joseph of obligations under the reimbursement agreement relating to the letter of credit securing the BCHFDC Series 2009 Burleson St. Joseph Manor Bonds and the guaranty by Sylvania Franciscan Health of the Kentucky Economic Development Finance Authority Madonna Manor Series 2010 Bonds and the St. Clare Commons direct financing.

The Series 1993B Bonds consist of term bonds that mature in varying amounts through January 1, 2019, with interest ranging from 4.875% to 6.00% payable semiannually. Bonds outstanding may be redeemed at par.

The Series 1997A Bonds consist of term bonds that mature in varying amounts annually through January 1, 2028, and bear interest ranging from 4.30% to 5.37%, payable semiannually. Outstanding bonds maturing on or after January 1, 2017, are subject to optional redemption equal to the principal plus accrued interest, if any, to the redemption date.

8. Long-Term Debt and Interest Rate Swaps (continued)

The Series 1997B Bonds consist of term bonds that mature in varying amounts annually beginning January 1, 2020 through January 1, 2028, and bear interest at 5.37%, payable semiannually. Outstanding bonds maturing on or after January 1, 2022, are subject to optional redemption equal to the principal plus accrued interest.

The Series 2002 Bonds consist of term bonds that mature in varying amounts annually beginning January 1, 2029 through January 1, 2032, and bear interest at 5.38%, payable semiannually. Bonds outstanding on or after January 1, 2014, may be redeemed at par plus accrued interest.

The Series 2008 Bonds consist of term bonds that mature in varying amount annually through January 1, 2038, and bear interest at a fixed rate ranging from 4.0% to 5.5%.

In connection with the refinancing of its Series 1999 Bonds, BCHFDC issued the Series 2009 Bonds on behalf of Burleson St. Joseph Manor (BSJM), which mature on July 1, 2029, and bear interest at a variable rate. Bond proceeds were borrowed under a loan agreement, with the issuer under which BSJM agrees to make payments sufficient to pay principal and interest as they become due. St. Joseph has been named as guarantor pursuant to the loan agreement. The Series 2009 Bonds are supported by a letter of credit issued by Wells Fargo Bank, N.A. (Wells Fargo). The letter of credit expires on February 26, 2015. As of December 31, 2013, there have been no draws on the letter of credit. The interest rate for the 2009 Bonds, which is determined weekly, averaged approximately .20% for 2013 and was .16% at December 31, 2013. BSJM may select other interest rate modes for the 2009 Bonds, subject to certain limitations. Outstanding bonds are subject to optional redemption at a price equal to par plus accrued interest to the date of redemption.

Effective February 3, 2004, St. Joseph and Merrill Lynch Capital Services, Inc. (MLCS) entered into a basis swap agreement. The basis swap provides that St. Joseph will receive from MLCS a variable amount of interest at a rate of 76.75% of the London Interbank Offered Rate (LIBOR) and pay MLCS a variable rate of interest based upon the Securities Industry and Financial Markets Association (SIFMA) index on the notional amount of approximately $13,750,000.

8. Long-Term Debt and Interest Rate Swaps (continued)

Effective August 30, 2005, St. Joseph and MLCS entered into a total return swap agreement (the 2005 Swap). The 2005 Swap provides that St. Joseph will receive from MLCS a fixed amount of interest of 5.0% and pay to MLCS a variable rate of interest based upon the SIFMA index on the initial notional amount of $16,555,000. This notional amount declines each year by the same amount as the amortization of the Series 1993B Bonds.

Effective August 16, 2007, St. Joseph and MLCS entered into five total return swaps and one fixed-payor swap (the 2007 Swaps) related to the outstanding 1997A and 1997B Bonds. The total return swaps provide that St. Joseph will receive from MLCS a fixed amount of interest of 4.945% on a notional amount of $57,957,000 and 4.375% on a notional amount of $3,090,000 and pay to MLCS a variable rate of interest based upon the SIFMA index on each notional amount. The fixed payor swap expires on January 1, 2028, and provides that St. Joseph will receive from MLCS a variable rate of interest of 67% of three-month LIBOR and pay to MLCS a fixed rate of interest of 3.864% on the notional amount of $48,090,000. Effective March 12, 2008, St. Joseph and MLCS entered into a fixed spread basis swap (2008 Swap) related to the outstanding 2008 Bonds. The 2008 Swap expires on March 1, 2028, and provides that St. Joseph will receive from MLCS a variable rate of interest based upon 67% of one-month LIBOR plus 0.42% and pay to MLCS a variable rate of interest based upon the SIFMA index on the initial notional amount of $30,000,000. On September 21, 2009, BSJM entered into a swap agreement with respect to the Series 2009 Bonds (the 2009 Swap) with Wells Fargo Bank N.A. The 2009 Swap, which is scheduled to mature on September 1, 2014, provides that BSJM will receive from Wells Fargo a variable rate of interest based upon the SIFMA index and pay to Wells Fargo a fixed rate of interest of 2.42% on the initial notional amount of $8,025,000. The notional amount of the swap is reduced each year consistent with the principal payments made on the 2009 Bonds, and the notional amount at December 31, 2013, is $6,825,000.

Interest rate swap contracts between St. Joseph and swap counterparties expose St. Joseph to market risk and credit risk. Credit risk is the risk that contractual obligations of the counterparty will not be fulfilled. Counterparty credit risk is managed by requiring high credit standards for the St. Joseph's counterparty. The counterparty to these contracts is a financial institution that carries investment-grade credit ratings. The interest rate swap contracts contain certain collateral provisions applicable to both parties to mitigate credit risk; collateral was not required at December 31, 2013 and 2012. St. Joseph may be required to post additional collateral to secure obligations that would be owed to the counterparty under the agreements if terminated,

8. Long-Term Debt and Interest Rate Swaps (continued)

regardless of whether the agreements are actually terminated. St. Joseph does not anticipate nonperformance by its counterparty. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degrees of market risk that may be undertaken. Management also mitigates risk through periodic reviews of its derivative positions in the context of its blended cost of capital.

At December 31, 2013 and 2012, the market value of these interest rate swap agreements was a liability of $9,660,000 and $13,290,000, respectively.

The County of Erie, Ohio, issued its Series 1996A Bonds on behalf of Providence Care Centers. Payments consist of serial bonds that are subject to the final mandatory redemption of $460,000 on October 1, 2014, bearing interest at a variable rate (.13% and .20% at December 31, 2013 and 2012, respectively). The bonds are supported by an irrevocable letter of credit by JPMorgan Chase Bank, N.A., which expires on October 15, 2014. The Series 1996A Bonds are secured by property.

The Series 2009A, B, and C bonds consist of serial bonds, which are subject to mandatory redemption on each October 15 in increasing annual amounts through October 5, 2034, bearing interest at a variable rate (2.12% and 2.15% at December 31, 2013 and 2012, respectively). Each Series of the 2009 bonds is secured by the property of Providence Care Centers, a pledge of the gross revenues of accounts receivable, inventory, equipment, and an assignment of lease rentals and is cross-collateralized by a grant of subordinate interests in the real property and a pledge of personal properties of the other subsidiaries of Providence Care Centers. The bondholder has agreed that it will not elect its right to tender the Series 2009 bonds for purchase until at least October 1, 2015.

Providence Care Centers has an interest rate swap agreement for $9,263,000 of the total borrowings outstanding. The swap is recorded at fair value, which is a liability of $545,000 and $757,000 at December 31, 2013 and 2012, respectively.

In June 2010, the County of Montgomery, Ohio, issued $41.1 million Demand Revenue Bonds, Series 2010 (Series 2010 Bonds) on behalf of St. Leonard. In connection with the issuance of the Series 2010 Bonds, St. Leonard entered into lease and sublease agreements with Montgomery County, which extend through the term of the bonds. Payments under the sublease are equal to

8. Long-Term Debt and Interest Rate Swaps (continued)

the principal and interest on the bonds. The 2010 bonds are secured by the property of St. Leonard and a pledge of the gross revenues of St. Leonard. The Series 2010 Bonds consist of serial bonds, which are subject to mandatory redemption on each April 1 in increasing annual amounts through April 1, 2040, bearing interest at a fixed rate ranging from 6% to 6.625%. To secure its obligation under the sublease, St. Leonard delivered to the Trustees its Series 2010 Note in the amount of $41.1 million issued pursuant to the St. Leonard Master Indenture, payable in installments and bearing interest in the amounts equal to the principal interest on the Series 2010 Bonds. St. Leonard is the only current member of the Obligated Group under the St. Leonard Master Indenture. The Series 2010 note is secured by the property of St. Leonard.

On June 15, 2012, St. Clare Commons financed $33.2 million to construct a new continuing care retirement community in Perrysburg, Ohio. St. Clare Commons leased to Fifth Third Bank its interest in this project, and in turn, Fifth Third Bank leased this project to the County of Wood, Ohio, for sublease to St. Clare Commons. This financing is secured by a pledge of St. Clare Commons revenues. All liability associated to this agreement is fully guaranteed by the Obligated Group. St. Clare Commons has agreed to make rental payments back to Fifth Third Bank, which consists of monthly interest payments beginning August 1, 2012, based on a 3.17% rate through June 1, 2022, and quarterly principal payments beginning September 1, 2014 through June 1, 2042.

On March 1, 2012, the Village of Botkins, Ohio, issued $9,760,000 of HealthCare Revenue Bonds, Series 2012 (Series 2012 Bonds) and obtained a direct loan in the amount of $1,925,000. The Series 2012 Bonds are subject to redemption semiannually in varying amounts through March 1, 2038. In connection with the issuance of the Series 2012 Bonds, the Franciscan Care Center entered into lease and sublease agreements with the Village of Botkins, which extend through the terms of the series 2012 Bonds. The Series 2012 Bonds are secured by a first mortgage lien on the property. Interest and principal are due semiannually until maturity on March 1, 2038. The interest rate in effect at December 31, 2013, was 1.61%. The direct loan will be paid in equal monthly installments of $16,043 over the next ten years beginning April 1, 2012, and is secured by a second mortgage on the real estate of Franciscan Care Center and a lien on its business assets, including equipment, inventory, accounts receivable, general intangibles, and deposits. The amount outstanding at December 31, 2013, is $1,572,000. The interest rate in effect at December 31, 2013, was 2.12%. This direct loan is fully guaranteed by the Corporation.

8. Long-Term Debt and Interest Rate Swaps (continued)

On January 5, 2010, the Kentucky Economic Development Finance Authority issued $28,440,000 Healthcare Facilities Revenue Bonds (Madonna Manor, Inc. Project), Series 2010. Bond proceeds were borrowed under a loan agreement. Under the loan agreement, a note was issued to the Trustee payable in installments and bearing interest in amounts equal to the principal and interest on the bonds. All liability under the loan agreement and note is fully guaranteed by the Obligated Group. The Madonna Manor Series 2010 bonds consist of serial bonds, which are subject to mandatory redemption on each December 1 in increasing annual amounts through December 1, 2039, bearing interest at a rate of 7.00%. The bonds may be redeemed in whole or in part, at a redemption price equal to 100% of the principal amount thereof plus accrued interest thereon to the date of redemption.

In December 2012, Madonna Manor renewed its total return swap with Bank of America Merrill Lynch (Bank of America) for the entire amount of borrowings through January 5, 2016, at a fixed interest rate based on Bank of America's bond rating. In accordance with the agreement, Madonna Manor makes semiannual (May 15 and November 15) variable interest payments at the SIFMA index rate in exchange for a 5.00% fixed rate on the notional amount of outstanding debt. The swap is recorded at its fair value, which is an asset of $254,000 and $378,000 at December 31, 2013 and 2012, respectively. Madonna Manor has certain cash collateral requirements associated with this swap. At December 31, 2013 and 2012, collateral was not required to be posted.

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

Trinity has assigned and granted an assignment of and a security interest in all present and future gross receipts of Trinity to secure payment of principal and interest on Series 2010 Bonds and the observance and performance of each member of Trinity of all of its covenants, agreements,

8. Long-Term Debt and Interest Rate Swaps (continued)

and obligations under the Trinity Master Indenture. The security interest does not include any interest in the net assets of the Foundation, which aggregated $17,282,000 and $15,006,000 at December 31, 2013 and 2012, respectively, nor any income generated from that interest. As security for its obligations under the Series 2010 Bonds, both Trinity East and Trinity West, have granted to the Trinity Master Trustee pursuant to the Trinity Master Indenture for the benefit of the bondholders a first mortgage lien on the real property and fixtures constituting the existing facilities.

The Trinity Series 2010 Bonds consist of serial bonds, which are subject to mandatory redemption on each October 1 in increasing annual amounts through October 1, 2030, bearing interest at a fixed rate ranging from 2% to 5%.

During September 2011, the County of Tuscarawas, Ohio, entered into a $6 million lease financing agreement with a local bank, and Trinity Hospital Twin City became the sublessee under the agreement in order to finance the acquisition of the hospital. Payments under the sublease are equal to principal and interest which through October 1, 2036, in a semiannual amount of $120,000, bearing interest at a variable rate (1.9% at December 31, 2013 and 2012).

In March 2012, the City of Sylvania, Ohio, issued $4,395,000 of City of Sylvania, Ohio Health Care Revenue Bonds, Series 2012 (Rosary Series 2012 Bonds). Subsequent to this, these bonds were purchased by Huntington National Bank. The site of these facilities has been leased to Rosary by the Sisters, who fully guarantee this liability. These improvements will then be sub-subleased to Rosary. The Rosary Series 2012 Bonds are subject to redemption semiannually in varying amounts, with the final payment due on March 1, 2038. The interest rate in effect at December 31, 2013, was 1.61%.

The Corporation also has certain entities that have various outstanding notes and mortgages payable as of December 31, 2013 and 2012, of $5,506,000 and $2,612,000, respectively. Interest rates range from 1.82% to 3.75% on these notes and mortgages at December 31, 2013.

Required principal payments of the Combined Group's long-term debt, excluding capital lease obligations, in each of the five years subsequent to December 31, 2013, are as follows: 2014 – $10,770,000; 2015 – $9,736,000; 2016 – $10,109,000; 2017 – $10,240,000; 2018 – $10,025,000; and thereafter $276,028,000.

8. Long-Term Debt and Interest Rate Swaps (continued)

Required principal payments of the Combined Group's capital lease obligations, in each of the years subsequent to December 31, 2013, are as follows: 2014 – $172,000.

In addition, the Obligated Group and various subsidiaries of the Corporation have agreed to certain operational and financial restrictions to limit additional indebtedness and guarantees and to maintain specified financial ratios among other covenants. As of December 31, 2013, the Corporation met all of its required covenants. Interest paid in 2013 and 2012, was $13,872,800 and $14,261,000, respectively. The Combined Group capitalized interest of $622,000 and $923,000 during 2013 and 2012, respectively.

9. Retirement and Post-Retirement Benefit Plans

The Corporation participates with other affiliated organizations in the Sisters of St. Francis Lay Employees' Retirement Plan (the Sisters' Plan), which is a noncontributory, defined benefit retirement plan covering eligible lay employees. The Sisters' Plan provides for retirement and disability retirement benefits based on years of service and an employee's highest consecutive three-year average earnings.

In addition, the Sisters and the Corporation intend, but do not guarantee, to continue to make annual contributions to the fund in an amount equal to a percentage of projected covered compensation. Effective December 31, 2013, the Sisters' Plan was frozen, and all pension plan benefits earned through that date were immediately vested for all participants who were actively employed with the System on December 31, 2013. The defined benefit plan will be replaced with a defined contribution pension plan as of January 1, 2014.

The Sisters' Plan is accounted for as a multiemployer pension plan. Accordingly, the Corporation records its required contributions to the Sisters' Plan as net periodic pension expense. The Corporation recognized net periodic pension expense of $13,105,000 and $12,427,000 for the years ended December 31, 2013 and 2012, respectively, based on amounts funded to the Sisters' Plan. The projected and accumulated benefit obligation exceeded the fair value of plan assets by approximately $84.7 million and $58.2 million, respectively, at December 31, 2013, using a weighted average discount rate of 4.95%, an expected long-term rate of return on plan assets of 8.0%, and an expected rate of compensation increase of 3.5%.

9. Retirement and Post-Retirement Benefit Plans (continued)

Trinity East has three defined benefit pension plans. Benefits under the pension plans are generally based on years of service and the employees' average annual compensation in five of the last ten years prior to retirement in which such earnings are the highest. Trinity East funds at least the amount necessary to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended, and the Internal Revenue Code. Effective June 1, 2014, the Trinity East plans will be frozen, and all pension plan benefits earned through that date will be immediately vested for all participants who were actively employed with Trinity on that date.

Trinity East and Trinity West have other post-retirement benefits relating to health insurance coverage for employees who participated in an early retirement program in a prior year. These post-retirement benefits are not impacted by the Medicare Prescription Drug Improvement and Modernization Act of 2003 as health care coverage terminates once retirees are Medicare eligible. The Corporation has also assumed a previously owned hospital's post-retirement benefit plan. Post-retirement benefit costs are funded as incurred.

Amounts included in unrestricted net assets at December 31, 2013, that have not yet been recognized in net periodic pension cost is the net unrecognized actuarial losses of $12,668,000. The net actuarial loss included in net periodic pension costs during the year ending December 31, 2013, is $587,000.

The table below sets forth the change in the plan assets and benefit obligation of the Trinity East pension plans and the Trinity East, Trinity West, and Providence Hospital post-retirement plans for the years ended December 31, 2013 and 2012. The table also reflects the funded status of the plans, as well as recognized and unrecognized amounts in the combined statements of financial position at December 31, 2013 and 2012.

9. Retirement and Post-Retirement Benefit Plans (continued)

	Trinity East Pension Benefits		Post-Retirement Benefits	
	2013	2012	2013	2012
Change in benefit obligation.				
Benefit obligation at beginning of year	$ 63,092,182	$ 55,478,119	$ 1,208,925	$ 1,188,005
Service cost	1,221,915	1,051,464	–	–
Interest cost	2,349,995	2,498,612	41,202	51,877
Participant contributions	–	–	6,638	7,593
Plan curtailment	(989,881)	–	–	–
Actuarial loss	(6,540,274)	6,028,187	(475,482)	86,565
Benefits paid	(2,097,820)	(1,964,200)	(37,906)	(125,115)
Benefit obligation at end of year	57,036,117	63,092,182	743,377	1,208,925
Change in plan assets				
Fair value of plan assets at beginning of year	41,049,139	36,659,861	–	–
Actual return on plan assets	6,463,315	3,833,478	–	–
Employer contribution	2,520,000	2,520,000	31,268	117,522
Participant contributions	–	–	6,638	7,593
Benefits paid	(2,097,820)	(1,964,200)	(37,906)	(125,115)
Fair value of plan assets at end of year	47,934,634	41,049,139	–	–
Accrued benefit cost	$ (9,101,483)	$ (22,043,043)	$ (743,377)	$ (1,208,925)

The accumulated benefit obligation for all pension plans was $56,938,000 and $61,758,000 at December 31, 2013 and 2012, respectively.

9. Retirement and Post-Retirement Benefit Plans (continued)

The Trinity East plan assets are invested in an actively managed portfolio that integrates asset allocation strategies across equity and debt markets within the United States. The portfolio objectives are long-term growth balanced with moderate variability with an expected shift to assets with a more fixed income allocation as the plan population ages and nears retirement. The use of an appropriate asset management policy combines the various asset pools to ensure flexibility and to adapt to the changing retirement needs of the plan participants. The plan's objective is to have 45% to 65% invested in equities and 30% to 50% invested in fixed income securities. For the long-term, the primary investment objective for the portfolio is to earn the highest possible total return consistent with prudent levels of risk. The overall primary objective is to enable the three pension plans to meet their future obligations for employee retirement.

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

	December 31	
	2013	**2012**
Asset category:		
Equity securities	**41%**	56%
Debt securities	**37**	44
Other	**22**	–
Total	**100%**	100%

9. Retirement and Post-Retirement Benefit Plans (continued)

The following table summarizes the Trinity East pension assets measured at fair value on a recurring basis as of December 31, 2013 and 2012, aggregated by the level in the fair value hierarchy within which those measurements are determined:

	Total Fair Value Measurement at December 31, 2013	Fair Value Measurement at December 31, 2013, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	$ 10,875,194	$ 10,875,194	$ –	$ –
U S. government and agency obligations	8,626,212	–	8,626,212	–
Corporate bonds:				
Domestic	7,867,072	–	7,867,072	–
International	839,677	–	839,677	–
Revenue bonds:				
Domestic	280,286	–	280,286	–
Mutual funds:				
Domestic	8,757,631	8,757,631	–	–
International	10,688,562	10,688,562	–	–
	$ 47,934,634	$ 30,321,387	$ 17,613,247	$ –

	Total Fair Value Measurement at December 31, 2012	Fair Value Measurement at December 31, 2012, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	$ 1,065,110	$ 1,065,110	$ –	$ –
U.S. government and agency obligations	6,635,592	–	6,635,592	–
Equities:				
International	4.684,791	4.684.791	–	–
Corporate bonds:				
Domestic	9,836,769	–	9,836,769	–
International	418.382	–	418,382	–
Mutual funds:				
Domestic	18,408.495	18,408,495	–	–
	$ 41,049.139	$ 24,158,396	$ 16,890,743	$ –

9. Retirement and Post-Retirement Benefit Plans (continued)

Trinity East expects to contribute $2,520,000 to its pension plans in fiscal 2014. The Corporation expects to contribute $70,500 to its post-retirement plan in 2014.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the Trinity East pension plans and the Trinity East and West and Providence Hospital other benefits during the years ending December 31:

	Pension Benefits	Post-Retirement Benefits
2014	$ 2,511,738	$ 76,667
2015	2,616,745	67,862
2016	2,754,758	68,861
2017	2,898,792	69,065
2018	3,083,048	68,410
2019–2023	17,783,011	303,586

The components of net periodic benefit cost for the pension plans and other post-retirement benefit plans for the years ended December 31, 2013 and 2012, were as follows:

	Pension Benefits		Post-Retirement Benefits	
	2013	2012	2013	2012
Service cost	**$ 1,221,915**	$ 1,051,464	**$ –**	$ –
Interest cost	**2,349,995**	2,498,612	**41,202**	51,877
Expected return on plan assets	**(3,042,832)**	(2,951,732)	–	–
Recognized net actuarial loss (gain)	**1,872,570**	1,343,200	**(17,314)**	(32,587)
Curtailment loss recognized	**482**	–	–	–
Amortization of prior service cost	**1,602**	1,602	–	–
Net periodic benefit cost	**$ 2,403,732**	$ 1,943,146	**$ 21,888**	$ 19,290

9. Retirement and Post-Retirement Benefit Plans (continued)

Actuarial assumptions for the Trinity East pension plans are as follows:

	December 31	
	2013	**2012**
Weighted average assumptions used to determine net periodic benefit cost for years ended December 31:		
Discount rate	**3.8%**	3.8%
Expected long-term rate of return on plan assets	**7.4**	7.5
Expected rate of compensation increase	**3.0**	3.0
Weighted average assumptions used to determine benefit obligation for years ended December 31:		
Discount rate	**4.7**	4.6
Rate of compensation increase	**3.0**	3.0

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

Actuarial assumptions for the Providence Hospital plan are as follows:

	December 31	
	2013	**2012**
Weighted average assumptions used to determine net periodic benefit cost for years ended December 31:		
Discount rate	**3.62%**	4.67%
Weighted average assumptions used to determine benefit obligation for years ended December 31:		
Discount rate	**4.45**	3.62

An increase of 8.5% in the health care cost trend rate was assumed for Providence Hospital plan next year. This rate is assumed to decrease gradually to 5% in 2021 and remain at that level thereafter. A 1% increase in the health care cost rate would increase the accumulated post-retirement benefit obligation by $53,668 and the net periodic cost by $4,100. A 1% decrease in the health care cost rate would decrease the accumulated post-retirement benefit obligation by $48,310 and the net periodic cost by $3,656.

9. Retirement and Post-Retirement Benefit Plans (continued)

Trinity Hospital Holding Company has supplemental pension and welfare agreements with certain key executives that provide for fixed payments at the date of retirement, death, or disability and lump-sum life insurance benefits. Trinity Hospital Holding Company is providing for these benefits over the estimated term of employment of the employees to age 65. The present value of these benefits of approximately $1,352,000 and $1,001,000 at December 31, 2013 and 2012, respectively, has been included in the combined statements of financial position as long-term post-retirement benefit obligations payable. Approximately $235,000 and $293,000 was charged to expense for these benefits for the years ended December 31, 2013 and 2012, respectively. Trinity Hospital Holding Company has purchased life insurance contracts on certain employees, which, upon the death of the employee, may be used to fund the supplemental pension and welfare arrangements with the key executives.

The Corporation has a supplemental retirement plan for former key employees. The Corporation recognizes expense on a prorated basis over the expected service period of the participants. The plan is funded with investments held in a rabbi trust. The plan assets are included with assets whose use is limited on the combined statements of financial position and totaled $1,067,386 and $1,123,035 at December 31, 2013 and 2012, respectively. At December 31, 2013 and 2012, respectively, the Corporation has a supplemental retirement obligation of $1,645,645 and $1,728,481.

The Corporation is the sponsor of the Sylvania Franciscan Sponsored Ministries 457(b) plan, which was established in 2011 to provide deferred compensation for a select group of management or highly compensated employees. At December 31, 2013 and 2012, respectively, the plan assets of $1,324,782 and $759,355 are included in assets whose use is limited, and a corresponding retirement obligation is recorded.

The Sisters of St. Francis 403(b) Voluntary Employee Deferral Plan is a single-employer, defined contribution employee benefit plan. All entities of the Corporation who have adopted the plan are eligible to participate upon the date of employment. In addition, St. Joseph may elect to make discretionary matching contributions of $.50 for every $1.00 of an employee's elective deferrals, up to 2% of an employee's compensation. Employees become 100% vested in the employer's contribution after three years of service. The Corporation contributed $1,077,461 and $681,091 during the years ended December 31, 2013 and 2012, respectively.

9. Retirement and Post-Retirement Benefit Plans (continued)

Effective January 1, 2014, all of the Corporation's employees, except Trinity East employees, will be eligible to participate in the Sisters of St. Francis 403(b) Voluntary Employer Deferral Plan. Trinity East employees will be eligible effective June 1, 2014. The Corporation will provide employees with an employer basic contribution equal to 1% of compensation, plus a matching contribution equal to 50% of the first 6% that employees contribute, resulting in a maximum matching contribution of 3% of compensation. Employees become 100% vested in the 1% basic contribution after three years of service and are immediately vested in the matching contribution.

10. Related-Party Transactions

Rosary Care Center entered into a lease agreement with the Sisters, which provides monthly rental payments and payments for expenses in connection with the maintenance and operation of the leased premises. Rental expenses amounted to $157,800 for the years ended December 31, 2013 and 2012. The monthly rental payments under the operating lease are $13,150 plus interest on the Sisters debt instrument and expenses relating to maintenance and operating of the premises.

Trinity Health System has transactions with Tri-State, a co-sponsor with the Corporation of Trinity Health System, which relate primarily to the rental of office space and the purchase of employee time, which are not material. Net amounts due from Tri-State of $356,000 and $525,000, respectively, at December 31, 2013 and 2012, are included in due from and to affiliates. The Corporation also has other amounts included in due to/from affiliates relating to transactions with the Sisters and related physician practices.

11. Contingencies

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

11. Contingencies (continued)

On October 5, 1995, St. Joseph executed an operating lease agreement with Burleson County Hospital District to lease substantially all of the property, plant, and equipment of the acute care facility located in Caldwell, Texas, for five years with three renewal terms of five years each. Effective October 1, 2013, St. Joseph executed a new lease for five years, with three renewal options of five years each.

On March 17, 1996, St. Joseph executed an operating lease agreement with Grimes County to lease substantially all the plant, property, and equipment of the acute care facility located in Navasota, Texas, for seven years with two renewal terms of seven years each. The lease was renewed for a seven-year term effective September 17, 2010.

At December 31, 2012, future minimum lease payments under noncancelable operating leases, with initial lease terms of greater than one year aggregate as follows: 2014 – $20,045,300; 2015 – $11,480,723; 2016 – $6,713,387; 2017 – $6,289,180; 2018 – $5,382,286.

Rental expenses for operating leases and medical equipment for the years ended December 31, 2013 and 2012, amounted to $25,532,141 and $21,745,011, respectively.

12. Concentrations of Credit Risk

The members of the Combined Group grant credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows:

	December 31	
	2013	**2012**
Government-related programs	**37%**	43%
Patients	**35**	32
Other third-party payors	**28**	25
	100%	100%

13. Functional Expenses

The members of the Combined Group provide general health care services to residents within their geographic locations, including medical/surgical, pediatric, critical, emergency care, and post-acute residential care. Expenses from continuing operations relating to providing these services are as follows:

	Year Ended December 31	
	2013	**2012**
Health care services	**$ 457,735,654**	$ 435,580,274
General and administrative	**190,917,328**	178,947,313
	$ 648,652,982	$ 614,527,587

Building a better working world

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Report of Independent Auditors on Other Supplementary Information

The Board of Trustees
Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The following combining statements of financial position, operations, and changes in net assets as of and for the year ended December 31, 2013, are presented for purposes of additional analysis and are not a required part of the combined 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 combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements taken as a whole.

Ernst & Young LLP

May 6, 2014

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combining Statement of Financial Position – Assets

December 31, 2013

	Corporate Office	SFH Assurance, LTD.	SFH Foundation	Combining Adjustments	Subtotal Sylvania Franciscan Health	Franciscan Shelters	Sophia Center	Franciscan Living Communities	St. Joseph Services Corporation and Subsidiaries	Trinity Health System Corporation and Subsidiaries (Ohio)	Trinity Hospital Twin City	Rosary Care Center	Combination Adjustments	Combined
Assets														
Current assets														
Cash and cash equivalents	$ 1,369,873	$ 35,196	$ 121,781	$ -	$ 1,526,850	$ 198,760	$ 43,056	$ 15,183,141	$ 12,877,255	$ 7,460,922	$ 355,872	$ 285	$ -	$ 37,646,141
Investments	-			-		142,769				6,091,645				6,234,414
Current portion of trustee-held funds									7,292,138	816,703				8,108,841
Accounts and notes receivable														
Patients and residents					-		137,050	7,539,905	110,369,702	31,881,386	6,037,108	581,554		156,546,705
Less allowances for doubtful accounts		-			-	-	64,615	660,097	46,371,652	8,916,654	3,386,600	32,461		59,432,079
						-	72,435	6,879,808	63,998,050	22,964,732	2,650,508	549,093		97,114,626
Other receivables	15	-		-	15	15,411		347,149	10,937,487	1,298,252	77,779			12,676,093
	15				15	15,411	72,435	7,226,957	74,935,537	24,262,984	2,728,287	549,093		109,790,719
Due from affiliates	2,025,184	-	-	(234,833)	1,790,351	-		150,704	1,385,370	1,186,989	48,159	3,344	(3,921,456)	643,461
Inventories		-						140,599	5,794,445	3,111,187	351,291	27,628		9,425,150
Prepaid expenses and other	97,092		173,750	-	270,842	16	1,095	581,434	3,328,884	1,845,144	137,272	36,142		6,201,429
Total current assets	3,492,164	35,196	295,531	(234,833)	3,588,058	356,956	117,186	23,282,835	105,613,629	44,775,574	3,620,881	616,492	(3,921,456)	178,050,155
Assets whose use is limited														
Board-designated and restricted funds	1,324,782	-			1,324,782	700,000		3,883,357		85,410,068	736,839	958,876		93,013,922
Trustee-held funds, less current portion	1,067,386				1,067,386			9,930,660	11,842,462	3,701,899		225,133		26,767,540
Self-Insurance Program		20,550,681			20,550,681									20,550,681
Foundation investments		-	25,041,648		25,041,648					16,614,323				41,655,971
Other investments										1,579,803	-			1,579,803
	2,392,168	20,550,681	25,041,648		47,984,497	700,000		13,814,017	11,842,462	107,306,093	736,839	1,184,009		183,567,917
Net property and equipment	177,506		-	-	177,506	60,235	2,531	146,327,654	177,685,048	51,598,176	14,102,491	4,373,798		394,327,439
Other assets														
Financing costs, net of amortization								2,145,578	2,997,651	252,547	59,484	97,974		5,553,234
Notes and other receivables								18,174	445,180	566,944				1,030,298
Due from affiliates	902,610			(902,610)				424,280	6,158,573	2,330,681	207,378	52,161	(9,173,073)	
Goodwill				-						3,873,161				3,873,161
Certificates of need, net of amortization								3,205,275				369,963		3,575,238
Long-term investments	31,848,375	-			31,848,375			28,170,157	178,590,366					238,608,898
Other			-	-	-	-	-	254,101	344,702	175,000		-	-	773,803
	32,750,985	-		(902,610)	31,848,375	-	-	34,217,565	188,536,472	7,198,333	266,862	520,098	(9,173,073)	253,414,632
Total assets	$ 38,812,823	$ 20,585,877	$ 25,337,179	$ (1,137,443)	$ 83,598,436	$ 1,117,191	$ 119,717	$ 217,642,071	$ 483,677,611	$ 210,878,176	$ 18,727,073	$ 6,694,397	$ (13,094,529)	$ 1,009,360,143

Sylvania Franciscan Health and Subsidiaries
Sisters of St Francis of Sylvania, Ohio

Combining Statement of Financial Position - Liabilities and Net Assets

December 31, 2013

	Corporate Office	SFH Assurance, LTD.	SFH Foundation	Combining Adjustments	Subtotal Sylvania Franciscan Health	Franciscan Shelters	Sophia Center	Franciscan Living Communities	St. Joseph Services Corporation and Subsidiaries	Trinity Health System Corporation and Subsidiaries (Ohio)	Trinity Hospital Twin City	Rosary Care Center	Combination Adjustments	Combined
Liabilities and net assets														
Current liabilities														
Accounts payable and accrued expenses														
Accounts payable	$ 369,245	$ 50,824	$ 46,458	$	$ 466,527	$ 5,839	$ 16 031	$ 4 368,560	$ 22,303,618	$ 10 578 752	$ 1,097 189	$ 405,730	$ (99,103)	$ 39,143,143
Compensation, fees and amounts withheld from compensation	672 506				672,506	5 400	4 040	1 991,009	11,557,061	4 992,789	480,264	130,044		19,833 113
Accrued interest					-			1 010 744	3,643 318	416 584				5,070,646
Due to affiliate	48,847	232	234,601	(234,833)	48 847			184,640	1,259,794	13,685	31 551	79,622	(1,618,139)	-
Other	-	-	-		-					643 730				643 730
	1,090,598	51,056	281,059	(234,833)	1 187 880	11 239	20,071	7 554 953	38,763,791	16,645,540	1 609,004	615,396	(1,717 242)	64,690,632
Deferred revenue							32,762	227 645						260 407
Settlements payable under third-party reimbursement contracts					-	-		314 380	5,534,105	1 227,002	648,987	56,157		7 780 631
Lines of credit	963,635			-	963 635						1 800 000			2,763,635
Note payable				-				145,000					(145,000)	
Current portion of reserve for insurance claims		2,065,935			2,065,935	-		96,834	1,385 373	525 851	48,159	9 720	(2,065 935)	2,065 937
Current portion of retirement and post-retirement obligations	198 377			-	198 377	-								198 377
Current portion of refundable and non-refundable entrance fees				-				1 082,898						1 082 898
Current portion of long-term debt and capital lease obligations				-		-		2,125 792	6 298 970	2,123,718	244 473	150 000		10,942 953
Total current liabilities	2,252,610	2,116 991	281,059	(234,833)	4,415 827	11,239	52,833	11 547,502	51 982,239	20 522 111	4 350 623	831 273	(3 928,177)	89,785 470
Long-term liabilities														
Due to affiliates	902,610	902,610	-	(902,610)	902 610								(902 610)	
Retirement plans	2,842 497				2,842 497					10 460,000				13 302,497
Post-retirement benefit obligations	666 710				666,710								-	666,710
Reserve for insurance claims		8 263,742			8 263 742			387,335	5,541 492	2,103 402	192 635	38,879	(8,263 742)	8 263,743
Derivative liability, net			-					545 225	9,660,174					10 205,399
Refundable and non-refundable entrance fees, less current portion								22,112,939						22 112 939
Long-term debt and capital lease obligations less current portion								129 843,472	136,543,102	38,062 425	5 291 902	4,175,000		313,915,901
Other				-				120,012	2 522 226					2,642,238
Total liabilities	6 664,427	11,283,343	281 059	(1,137,443)	17 091 386	11 239	52,833	164,556 485	206,249,233	71 147 938	9 835,160	5,045,152	(13,094,529)	460,894 897
Net assets														
Unrestricted	32 148,396	9,302,534	25,056,120		66 507,050	1 096,194	66,884	49,446,993	274 434 656	130 427,531	8 855,075	1 649,245		532,483,628
Temporarily restricted				-		9 758		1,554,961	2 993 722	7,174 913	36,838			11 770 192
Permanently restricted					-			2 083 632	-	2 127 794				4 211 426
Total net assets	32 148,396	9 302,534	25 056,120		66 507 050	1 105,952	66 884	53 085,586	277 428,378	139 730,238	8 891 913	1 649,245		548,465 246
Total liabilities and net assets	$ 38,812,823	$ 20,585,877	$ 25,337,179	$ (1,137,443)	$ 83,598,436	$ 1,117,191	$ 119,717	$ 217,642,071	$ 483,677,611	$ 210,878,176	$ 18,727,073	$ 6,694,397	$ (13,094,529)	$ 1,009,360,143

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combining Statement of Operations

	Year Ended December 31, 2013													
	Corporate Office	SFH Assurance, LTD.	SFH Foundation	Combining Adjustments	Subtotal Sylvania Franciscan Health	Franciscan Shelters	Sophia Center	Franciscan Living Communities	St. Joseph Services Corporation and Subsidiaries	Trinity Health System Corporation and Subsidiaries (Ohio)	Trinity Hospital Twin City	Rosary Care Center	Combination Adjustments	Combined
Revenues, gains, and other support														
Net patient service revenue, net of contractual allowances and discounts	$ -	$ -	$ -	$ -	$ -	$ -	$ 389,348	$ 53,682,983	$ 390,816,896	$ 210,257,334	$ 19,314,368	$ 4,541,618	$ -	$ 679,002,547
Provision for bad debts	-	-	-	-	-	-	-	-	43,369,753	12,583,726	2,440,138	-	-	58,393,617
Net patient service revenue less provision for bad debts	-	-	-	-	-	-	389,348	53,682,983	347,447,143	197,673,608	16,874,230	4,541,618	-	620,608,930
Other revenue	3,652,321	3,308,570		(26,964)	6,933,927	268,588		1,815,940	12,885,216	9,216,919	940,061	94,055	(6,908,791)	25,245,915
Rental revenue							3,000	10,419,782			329,372			10,752,154
Net assets released from restrictions					-	32,501		271,313			174,917			478,731
Total revenue, gains, and other support	3,652,321	3,308,570	-	(26,964)	6,933,927	301,089	392,348	66,190,018	360,332,359	206,890,527	18,318,580	4,635,673	(6,908,791)	657,085,730
Expenses														
Salaries and wages	2,710,240				2,710,240	211,363	252,109	25,189,101	152,931,649	84,283,185	9,977,523	2,530,909		278,086,079
Employee benefits	860,998		-		860,998		56,414	6,537,339	35,759,263	28,806,192	2,093,259	428,885	(59,352)	74,482,998
Purchased services, utilities, and other	3,144,046	3,296,365	22,561	(104,055)	6,358,917	98,128	109,784	14,201,992	71,049,972	31,679,682	3,604,618	1,417,163	(6,849,439)	121,670,817
Supplies and pharmaceuticals	30,021	-			30,021	671	3,216	5,467,013	48,789,352	44,670,458	1,853,926	361,028		101,175,685
Provision for bad debts					-			599,464	260,177			9,004		868,641
Depreciation and amortization	68,509				68,509	12,676	1,300	6,610,763	19,350,856	10,038,820	1,095,807	204,406		37,383,137
Professional fees	457,097	119,115	945,938	(26,964)	1,495,186	9,561	5,548	1,063,123	12,735,375	3,919,058	2,115,544	65,202		21,408,597
Interest	524	-	-		524	-		4,188,970	7,343,535	1,826,838	142,656	74,505		13,577,028
Total expenses	7,271,435	3,415,480	968,499	(131,019)	11,524,395	332,399	428,371	63,857,765	348,220,175	205,224,233	20,883,333	5,091,102	(6,908,791)	648,652,982
Operating (loss) income	(3,619,114)	(106,910)	(968,499)	104,055	(4,590,468)	(31,310)	(36,023)	2,332,253	12,112,184	1,666,294	(2,564,753)	(455,429)		8,432,748
Nonoperating gains (losses)														
Investment income (loss)	1,541,912	1,439,133	593,456		3,574,501	1,975		689,327	4,279,381	10,393,585	(128)			18,938,641
Net unrealized gains on investments	2,463,054	622,761	3,049,566		6,135,381	15,147		1,996,616	17,015,291	2,728,442				27,890,877
Contributions, net	14,900		-		14,900	-	21,308	152,785	817,283	254,568	43,018	17,139		1,321,001
Fund raising expenses							(5,427)	(277,414)	(898,326)	(404,434)				(1,585,601)
Gains under interest rate swap agreements								87,845	5,998,268					6,086,113
Gains (losses) on disposal of assets								1,577	2,543	(123,457)	(23,644)			(142,981)
Other					-				608					608
Net assets acquired in acquisitions	-	-			-				(1,036,934)					(1,036,934)
Nonoperating gains, net	4,019,866	2,061,894	3,643,022	-	9,724,782	17,122	15,881	2,650,736	26,178,114	12,848,704	19,246	17,139		51,471,724
Excess (deficit) of revenues over expenses	$ 400,752	$ 1,954,984	$ 2,674,523	$ 104,055	$ 5,134,314	$ (14,188)	$ (20,142)	$ 4,982,989	$ 38,290,298	$ 14,514,998	$ (2,545,507)	$ (438,290)	$ -	$ 59,904,472

Sylvania Franciscan Health and Subsidiaries
Sisters of St. Francis of Sylvania, Ohio

Combining Statement of Changes in Net Assets

	Year Ended December 31, 2013												
	Corporate Office	SFH Assurance, LTD.	SFH Foundation	Combining Adjustments	Subtotal Sylvania Franciscan Health	Franciscan Shelters	Sophia Center	Franciscan Living Communities	St. Joseph Services Corporation and Subsidiaries	Trinity Health System Corporation and Subsidiaries (Ohio)	Trinity Hospital Twin City	Rosary Care Center	Combined
Unrestricted net assets													
Excess (deficit) of revenue over expenses	$ 400,752	$ 1,954,984	$ 2,674,523	$ 104,055	$ 5,134,314	$ (14,188)	$ (20,142)	$ 4,982,989	$ 38,290,298	$ 14,514,998	$ (2,545,507)	$ (438,290)	$ 59,904,472
Other changes													
Change in pension liability		-							-	12,824,810			12,824,810
Net assets released from restriction									200,213	67,728	-		267,941
Transfer of equity	(7,278,682)	-	80,766	(104,055)	(7,301,971)	709,480	20,000	2,138,708	220,461		2,978,913	1,234,409	-
(Decrease) increase in unrestricted net assets	(6,877,930)	1,954,984	2,755,289	-	(2,167,657)	695,292	(142)	7,121,697	38,710,972	27,407,536	433,406	796,119	72,997,223
Temporarily restricted net assets													
Contributions						32,950		114,433	1,051,994	468,879	101,906		1,770,162
Investment income		-						57,395	4,844	9,308			71,547
Net unrealized gains on investments								238,024		529,000			767,024
Net assets released from restrictions						(32,501)		(271,313)	(713,799)	(111,789)	(174,917)		(1,304,319)
Increase (decrease) in temporarily restricted net assets						449		138,539	343,039	895,398	(73,011)	-	1,304,414
Permanently restricted net assets													
Investment income			-		-			109	-	14,470			14,579
Net unrealized gains on investments		-						580					580
Donations and other net										(3,420)			(3,420)
Increase in permanently restricted net assets	-		-		-			689		11,050			11,739
(Decrease) increase in net assets	(6,877,930)	1,954,984	2,755,289		(2,167,657)	695,741	(142)	7,260,925	39,054,011	28,313,984	360,395	796,119	74,313,376
Net assets at beginning of year	39,026,326	7,347,550	22,300,831		68,674,707	410,211	67,026	45,824,661	238,374,367	111,416,254	8,531,518	853,126	474,151,870
Net assets at end of year	$ 32,148,396	$ 9,302,534	$ 25,056,120	$	$ 66,507,050	$ 1,105,952	$ 66,884	$ 53,085,586	$ 277,428,378	$ 139,730,238	$ 8,891,913	$ 1,649,245	$ 548,465,246

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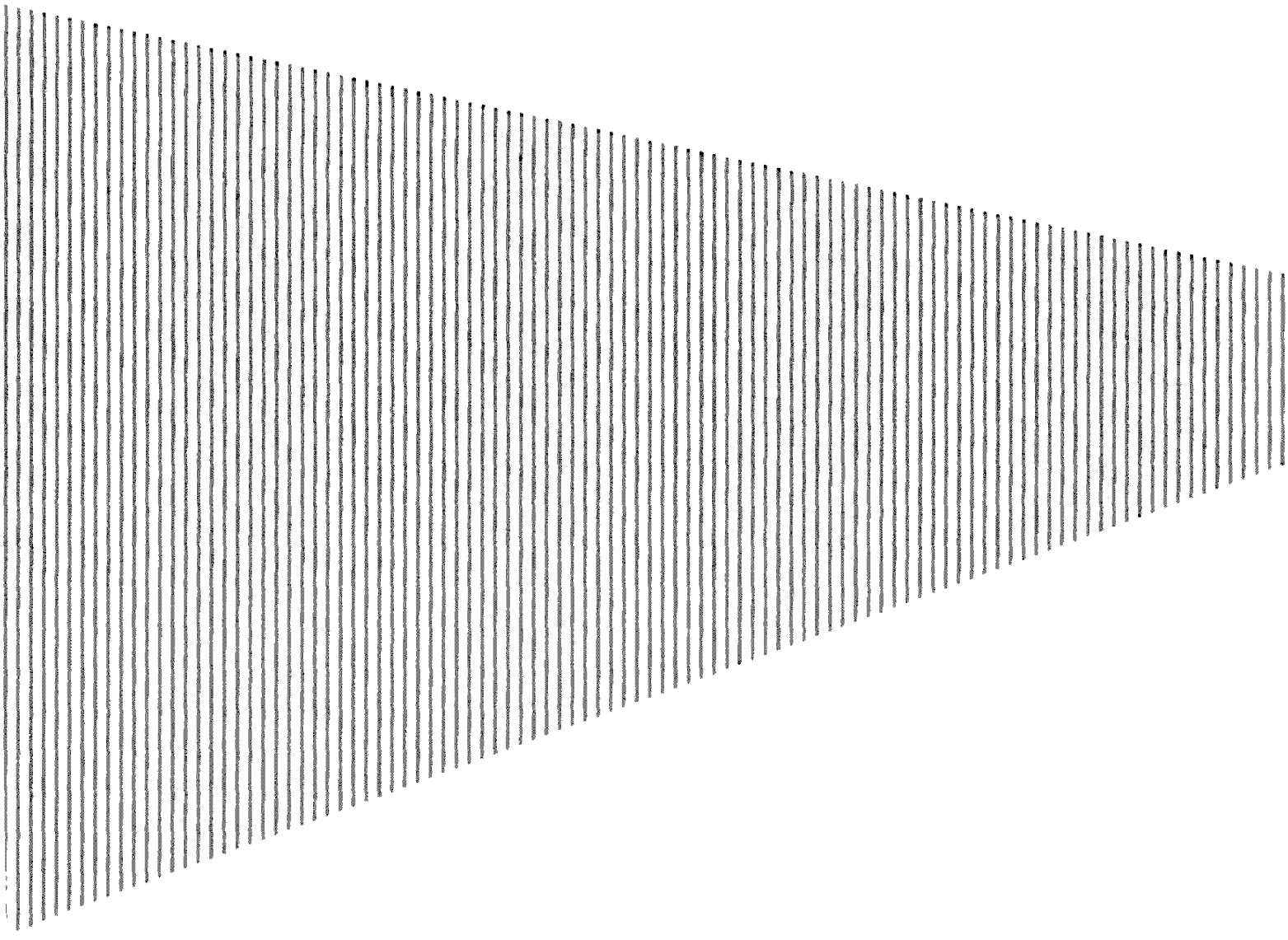

Trinity Health System
Community Health Needs Assessment
Implementation Plan

COMMUNITY HEALTH NEED	**Access to Care - Primary Care**
Trinity Health Point Person(s)	Dr Nick Economides, VP, Medical Affairs Steve Brown, VP, Management Services Organization
Metric	Jefferson County rate of primary care providers (PCP) per 100,000
2013 CHNA Measure	Jefferson County. 44 5 (2010), Ohio State Benchmark. 90 5 (2010)
Data Source	Health Resources and Services Administration (HRSA), Area Resource File

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Educate/align local providers with regard to access issues (*Nick Economides Steve Brown*)	Raise level of awareness of access issues	6 meetings with physician stakeholders focused on access	January 31, 2015	Medical Staff Advisory Board ECW	1	Identify key physician leaders to help with education and communication (Dr Nick Economides Steve Brown)	March 31, 2014
						2	Partner with outside experts as needed to further identify access issues and develop communication plan for physicians (Dr Nick Economides Steve Brown)	March 31, 2014
						3	Evaluate opportunities to improve practice efficiency and access (Dr Nick Economides Steve Brown)	June 30, 2014
						4	Conduct timely meetings with physician stakeholder groups (Dr Nick Economides Steve Brown)	June 30, 2014
						5	Complete comprehensive area Provider analysis and existing patient panel analysis (Dr Nick Economides Steve Brown)	June 30, 2014
2	Implement Patient Centered Medical Home (*Nick Economides Steve Brown*)	Improve population health management	2 certified PCMHs	January 31, 2015	Medical Staff Administration Payers Government	1	Identify practice(s) to convert to PCMH (Steve Brown)	June 30, 2014
						2	Conduct work flow analysis and re-engineering (Steve Brown)	September 30, 2014
						3	Address gaps in processes for Level 1 certification (Steve Brown)	December 31, 2014
						4	Apply for PCMH certification (Steve Brown)	December 31, 2014
						5	Upgrade ECW software (Steve Brown)	June 30, 2014
3	Provider Recruitment (*Nick Economides Steve Brown*)	Increase provider diversification and availability	10 providers recruited	January 31, 2016	Board of Directors Medical Staff	1	Update prioritized physician needs plan with Med Staff and Admin leadership (Dr Nick Economides Steve Brown)	March 31, 2014
						2	Seek Board approval for recruitment funding (Dr Nick Economides Steve Brown)	June 30, 2014
						3	Enhance recruitment efforts by participating in recruitment activities (Steve Brown)	September 30, 2014
						4	Engage appropriate partners (internal and external) to identify candidates (Dr Nick Economides Steve Brown)	September 30, 2014
						5	Coordinate recruitment efforts with Board Med Staff and Admin leadership to ensure an effective process (Dr Nick Economides Steve Brown)	December 31, 2014
4	Explore new venues and partners for care - telemed, residencies, continuing education (*Nick Economides Steve Brown*)	Increase availability of specialty care	Residencies at UPMC OSU OU LECOM Washington others Collaborate with regional providers (OVMC UPMC Washington to name a few)	January 31 2017	Board of Directors Medical Staff Universities Pharmaceuticals	1	Identify funding to explore new venues for care (Dr Nick Economides Steve Brown)	January 31, 2015
						2	Develop faculty for new programs (Dr Nick Economides Steve Brown and with the TPG PCMH committee members)	June 30, 2015
						3	Research and engage companies interested in partnering for training providers (Steve Brown)	September 30, 2015

Trinity Health System
Community Health Needs Assessment
Implementation Plan

COMMUNITY HEALTH NEED	**Access to Care - Behavioral Health**
Trinity Health Point Person(s)	Don Ogden, Director of Behavioral Health
Metric #1	Average number of reported mentally unhealthy days per month for Jefferson County BRFSS respondents age 18+
2013 CHNA Measure	Jefferson County 4 4 (2005-2011), Ohio State Benchmark 3 8 (2005-2011)
Data Source	CDC, Behavioral Risk Factor Surveillance System (BRFSS) also reported via County Health Rankings
Metric #2	Percent of Jefferson County BRFSS respondents age 18+ who report not receiving sufficient social-emotional support
2013 CHNA Measure	Jefferson County 27 6% (2005-2010), Ohio State Benchmark 19 8% (2005-2010)
Data Source	CDC, Behavioral Risk Factor Surveillance System (BRFSS) also reported via County Health Rankings

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Partner with local Mental Health Board to increase access (*Don Ogden*)	Create an ambulatory detox program and expand residential services	Fully implemented ambulatory detox and expanded residential programs	June 30, 2014	Administration Mental Health Board	1	Meet with local Mental Health Board (Don Ogden)	August 31, 2013
						2.	Secure funding for program development and expansion (Don Ogden)	October 31, 2013
						3	Meet with Administration to present program plan (Don Ogden)	August 31, 2013
						4	Develop and implement programs (Don Ogden)	June 30, 2014
2	Develop gambling addiction services (*Don Ogden*)	Creating access to services for those in need	Fully implemented services for gambling addiction	June 30, 2014	Administration Gamblers Anonymous State Agencies	1	Site visit of existing gambling treatment center (Don Ogden)	October 31, 2014
						2	Identify program standards for program development (Don Ogden)	December 31, 2014
						3	Secure funding for program development (Don Ogden)	May 31, 2014
						4	Implement program (Don Ogden)	October 31, 2014
						5	Implement marketing strategy for services (Don Ogden and Keith Murdock)	September 30, 2014
3	Identify and/or organize support groups. (*Don Ogden*)	Increase support and access	Implement 3 support groups to serve community	September 30, 2014	Local support groups Clergy Community Volunteers	1	Identify present support groups and perform gap analysis (Don Ogden)	December 31, 2013
						2	Indentify capacity and resources to conduct additional support groups (Don Ogden)	March 31, 2014
						3	Provide education and training to facilitators (Behavioral Medicine Therapy Staff)	June 30, 2014
						4	Implement marketing strategy for services (Don Ogden and Keith Murdock)	September 30, 2014
4	Develop Emergency Department liaison (*Don Ogden*)	Increase access to behavioral health services	Approval and recruitment of 1 0 FTE	June 30, 2014	Administration ED Local community Mental Health board	1	Develop job description for position (Cindy Fairclough)	December 31, 2013
						2.	Meet with Administration to present need for FTE (Don Ogden and Cindy Fairclough)	December 31, 2013
						3	Meet with Emergency Department staff (Don Ogden and Cindy Fairclough)	March 31, 2014
						4	Post and recruitment for new position (Don Ogden Cindy Fairclough and Human Resources)	June 30, 2014

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COMMUNITY HEALTH NEED	**Chronic Disease - Cancer**
Trinity Health Point Person(s)	JoAnn Mulrooney, VP, Clinical Services Dave Arnold, VP Support Services and Facilities
Metric #1	Jefferson County overall cancer death rate (per 100,000, age adjusted)
2013 CHNA Measure	Jefferson County 188 4 (2010 age-adjusted), Ohio State Benchmark 187 3 (2010 age-adjusted)
Data Source	Ohio Department of Health Death Statistics
Metric #2	Jefferson County invasive cancer incidence rate (per 100,000, age adjusted)
2013 CHNA Measure	Jefferson County 539 8 (2008 age-adjusted), Ohio State Benchmark 465 1 (2008 age adjusted)*
Data Source	Ohio Cancer Incidence Surveillance System (OCISSHS)

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Offer cancer screenings to residents of Jefferson County *(Dave Arnold)*	Residents participate in screenings and more cancers are identified and treated	# of cancer screenings performed annually	December 31, 2016	Trinity, Purple Palooza, Community Physicians	1	Maintain current screening programs for breast cervical colon and prostate cancers (Lynne Barbe Janet Sharpe)	December, 2016
						2	Establish lung cancer screening program sign up radiology doctors develop protocols for target populations (Lynne Barbe)	June, 2014
						3	Investigate feasibility of providing skin cancer screening finding community dermatologist partner(s) establish funding (Lynne Barbe)	December, 2015
2	Provide Jefferson County residents with access to clinical research trials locally and regionally *(Dave Arnold)*	Provide cancer patients with multiple treatment options	Increase # of clinical trials offered at Trinity, increase % of Trinity cancer patient population that participates in trials	December 31, 2016	Trinity UPMC	1	Maintain current number of clinical trials (Lynn Barbe Amy Rovira)	December, 2016
						2	Add additional investigative trials (Lynn Barbe Amy Rovira)	December, 2015
						3	Provide information and referrals for clinical trials available regionally and nationally (Lynn Barbe Amy Rovira)	December, 2016
3	Support cancer patients and survivors with programs focusing on health, wellness, and quality of life (*Lynn Barbe*)	Increase longevity and quality of life of cancer survivors and those living with cancer	# of participants in survivorship programs	December 31, 2016	Trinity	1	Implement American College of Surgeons Commission on Cancer (CoC) standards for survivorship programs once standards are released (Lynne Barbe)	December, 2016
						2	Maintain current (4) support groups and survivors dinner investigate feasibility of adding a lung cancer support group (Janet Sharpe Lynn Barbe)	December, 2016
						3	Investigate feasibility of survivor exercise program in conjunction with Jefferson County YMCA (Lynn Barbe)	December, 2016
						4	Provide emergency assistance to cancer patients via the TEAR Fund and Cancer Dietary Initiative (Susan Miller)	December, 2016
4	Provide cancer education to community and hospital/medical staff *(Dave Arnold)*	Raise awareness of cancer symptoms, treatments and support among resident and increase cancer treatment knowledge among providers	# of health fairs participated in, # of speaking engagements, # of symposium attendees	December 31, 2016	Trinity Health fair sponsors	1	Participate in Heartland and other (6-8) health fairs throughout the year providing information and referrals (Susan Miller Lynn Barbe)	December, 2016
						2	Oncology Patient Advocate conducts 6-8 speaking engagements per year (Susan Miller)	December, 2016
						3	Offer Cancer Symposium yearly for education of hospital and medical staff (Lynn Barbe)	December, 2016

* The following cancer incidence rates also exceed state benchmark (Jefferson Co 'Ohio) Breast (122 5'121 9) Colon (67 0'52 9) Lung (88 1'75 0)

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COMMUNITY HEALTH NEED	**Chronic Disease - Diabetes**
Trinity Health Point Person(s)	JoAnn Mulrooney, VP, Clinical Services
Metric	Percent of Jefferson County BRFSS adult respondents who report they have been diagnosed with diabetes (age-adjusted)
2013 CHNA Measure	Jefferson County 10 6% 2010 (age-adjusted), Ohio State Benchmark 9 2% (2010 age adjusted)
Data Source	CDC, Public Health Surveillance Program Office, Behavioral Risk Factor Surveillance System (BRFSS)

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Provide diabetes education in group and individual settings *(Amy DeMattio)*	Individuals with diabetes improve self-management of their condition	# of total participants and # of new participants in diabetes education sessions (indiv/group)	December 31, 2016	Trinity Health Human Resources	1	Continue to offer weekly diabetic education sessions to in outpatients (Amy DeMattio)	December 31, 2016
						2	Work with Trinity Health's insurance plan(s) to cover diabetic education for employees (Dave Weikin Barb Banfield)	June 30, 2014
						3	Assess demand for Trinity Health employee diabetic education sessions (Barb Banfield)	September 30, 2014
						4	Offer diabetic education to Trinity Health employees (Amy DeMattio)	December 31, 2014
						5		
2	Educate the community about diabetes awareness and prevention *(Amy DeMattio)*	More community members become aware of diabetes risk factors and prevention	# of community health talks/ lectures, # health fair events	December 31, 2016	Trinity Health YMCA Prime Time Senior Center	1	Continue to participate in Trinity Health Community Health Talks (Amy DeMattio Keith Murdock)	December 31, 2016
						2	Coordinate with Jefferson Co YMCA to provide lecture series focusing on diabetes prevention management via healthy eating and lifestyle changes (Amy DeMattio)	September 30. 2014
						3	Continue to participate in Heartland and other community health fairs (Amy DeMattio)	December 31, 2014
						4	Investigate feasibility of becoming part of Prime Time's mobile health van (Amy DeMattio)	June 30, 2014
						5	Begin participating in Senior Center's monthly speaking circuit (Barb Banfield)	March 31, 2014
3	Increase primary care and endocrinology access for diabetics in Jefferson county *(Nick Economides, Steve Brown)*	See CHNA Implementation Plans for Access to Primary Care						
4	Address lifestyle and prevention issues impacting diabetes *(Erin Menzel)*	See CHNA Implementation Plans for Smoking, Exercise and Healthy Eating						

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COMMUNITY HEALTH NEED	**Chronic Disease - Heart Disease and Hypertension**
Trinity Health Point Person(s)	JoAnn Mulrooney, VP, Clinical Services
Metric #1	Jefferson County heart disease deaths (per 100,000, age adjusted)
2013 CHNA Measure	Jefferson County 275 2 (2010 age-adjusted), Ohio State Benchmark 191 7 (2010 age-adjusted)
Data Source	Ohio Department of Health Death Statistics
Metric #2	Percent of Jefferson County BRFSS adult respondents who report they have been diagnosed with hypertension (age-adjusted)
2013 CHNA Measure	Jefferson County 47 8% (2005-2011 age-adjusted), Ohio State Benchmark 29 9% (2005-2011 age adjusted)
Data Source	CDC Public Health Surveillance Program Office Behavioral Risk Factor Surveillance System (BRFSS)

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Conduct heart disease and hypertension screenings in Jefferson County *(Barbara Banfield)*	Reach additional population at risk	Increase # of screenings annually, # of additional locations added	December 31, 2015	Trinity, Other community stakeholders (TBD)	1	Continue to offer screenings at annual 'Heartland' health fair (Keith Murdock)	December, 2016
						2	Investigate additional Jefferson Co sites for "Heartland" type health fairs that include screenings (Keith Murdock)	June, 2014
						3	Identify community partners for additional health fairs (Keith Murdock)	June, 2014
						4	Secure resources locations and dates for additional health fairs (Keith Murdock & Barb Banfield)	December, 2014
2	Improve reporting and follow-up for Heartland Health Fair screenings *(Barbara Banfield)*	Those identified at risk through screening are connected to resources and care to manage their disease	At risk patients identified via screening receive follow-up information or contact	December 31, 2016	Trinity, Lab (name)	1	Evaluate ability to partner with lab on follow-up for those identified at risk through blood work (Don Niess Barbara Banfield)	June, 2014
						2	Explore ability to ask patient permission at health fair to receive follow-up information if identified at risk (Don Niess)	June, 2014
						3	Explore ability to obtain metrics from lab on numbers and potentially names while addressing privacy issues of at risk patients (Don Niess)	June, 2014
						4	Develop protocols for follow-up identify need materials and develop packets for at risk individuals (Don Niess Barbara Banfield Keith Murdock)	December, 2014
						5	Research other means of follow-up (e g phone calls etc) and develop protocols (Don Niess Barbara Banfield)	June, 2015
3	Increase enrollment in outpatient cardiac rehabilitation maintenance phase *(Barbara Banfield)*	Enhance recovery, improve quality of life and reduce mortality in patients who've undergone a cardiac procedure	Increase outpatient cardiac rehabilitation maintenance phase enrollment annually	December 31, 2016	Trinity	1	Research barriers to patient participation in cardiac rehab maintenance phase program (Stacie Satraughn)	June, 2014
						2	Develop plan for addressing barriers and increasing participation in program (Barbara Banfield Stacie Straughn)	December, 2014
						3	Secure resources and funding for plan (Barbara Banfield)	June, 2015
						4	Implement program (Stacie Straughn)	December, 2015
4	Address lifestyle and prevention issues impacting heart disease	See CHNA Implementation Plans for Smoking, Exercise and Healthy Eating						

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COMMUNITY HEALTH NEED	**Chronic Disease - Chronic Lower Respiratory Disease**
Trinity Health Point Person(s)	JoAnn Mulrooney, VP, Clinical Services
Metric #1	Jefferson County Chronic lower respiratory disease (CLRD) deaths (per 100,000, age adjusted)
2013 CHNA Measure	Jefferson County 64 8 (2010 age-adjusted), Ohio State Benchmark 50 4 (2010 age-adjusted)
Data Source	Ohio Department of Health, Death Statistics

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Expand Community Case Manager Program for COPD patients *(Cynthia Fairclough)*	CLRD suffers better manage their conditions, decrease readmissions, and improve quality of life	Increase enrollment in CCM program to 50% of eligible patients	December 31, 2016	Trinity	1	Explore option for billing for Transition of Care Services (Community Case Mgr)	December, 2014
						2	Physician Awareness send Community Case Manager program information and program results to Medical Staff meet with Trinity Medical Staff Office Staff and Advanced Practice Professionals (Community Case Mgr)	December, 2014
						3	Community Awareness Community Case Manager to visit Senior Centers Better Breathers Support Group and 4th Street Health Clinic on a rotating monthly schedule (Community Case Mgr)	January, 2014
						4	Plan Medical Staff Office Transition of Care Case Manager design plan with VP MSO then propose and implement plan (Steve Brown Cynthia Fairclough)	March, 2014
						5	5 Increase Community Case Manager FTE by 5 to expand hours and days of service availability (Cynthia Fairclough)	December, 2014
2	Offer lung function screenings to the community *(Tom VanKirk)*	CLRD is detected earlier in those at risk thus avoiding further lung damage	# of community screenings performed annually	June 30, 2015	Trinity	1	Obtain Medical Staff input on reading and interpreting screening results (Tom VanKirk JoAnn Mulrooney)	January 2014
						2	Cross-train diagnostic and respiratory staff on conducing pulmonary function studies (Tom VanKirk)	March, 2014
						3	Indentify community partners and venues for conducting screenings (Tom VanKirk Erin Menzel)	June, 2014
3	Increase participation in "Better Breathers" and smoking cessation programs *(Stacie Straughn, Alesia DeStefano)*	More CLRD sufferers educated about controlling their condition	Increase in Better Breathers enrollment, increase in smoking cessation enrollment programs	December 31, 2015	Trinity, Employers	1	Initiate "adopt" a company program to widen participation in smoking cessation programs (Lisa Marino Rosalia Kijanka)	December, 2014
						2	Explore ways to increase enrollment in Better Breathers support group (Stacie Straughn Alesia DeStefano)	December, 2014

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COMMUNITY HEALTH NEED	**Prevention & Lifestyle - Lack of Exercise**
Trinity Health Point Person(s)	Erin Menzel, Wellness Coordinator
Metric #1	Percent of Jefferson County adults population that during the past month did not participate in any physical activity or exercise
2013 CHNA Measure	Jefferson County 33 3% (2009), Ohio State Benchmark 26 8% (2009)
Data Source	CDC, Behavioral Risk Factor Surveillance System (BRFSS)
Metric #2	Percent of Jefferson County BRFSS respondents age 18+ who report no exercise in past month
2013 CHNA Measure	Jefferson County 34 2% (2008-2010), Ohio State Benchmark 26 2% (2008-2010)
Data Source	CDC, National Center for Chronic Disease Prevention and Health Promotion

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1.	Evaluate exercise class for new moms (post-partum) *(Marianne Lucas)*	Increase physical activity options for new moms	Increase number of participants to 10	December 31, 2014	Trinity YMCA Birth Center	1	Develop program with key stakeholders (Erin Menzel)	March 31, 2014
						2	Identify space and instructor(s) for exercise class (Michelle Wilson)	March 31, 2014
						3	Coordinate marketing efforts with YMCA and Birth Center (Keith Murdock)	June 30, 2014
2.	Continue sponsorship of *Fit for Life* program *(Erin Menzel)*	Improve physical fitness of program enrollees	Increase # of participants to 50, biometric change of an avg 5 lb decrease, 5% body fat decrease, BMI decrease of 1	December 31, 2015	Trinity YMCA	1	Evaluate current program enrollment (Erin Menzel)	March 31, 2014
						2	Track pre- and post-program blood work results of past enrollees to establish baseline goals of enrollees going forward (Erin Menzel)	June 30, 2014
						3	Develop marketing plan to increase enrollment (Keith Murdock)	December 31, 2014
3.	Provide general physical fitness education *(Michelle Wilson)*	Emphasize importance of physical fitness to community	One Facebook post/week, quarterly education classes	December 31, 2016	Trinity YMCA	1	Inventory current media efforts to community (Keith Murdock)	March 31, 2014
						2	Develop campaign that focuses on physical fitness (Michelle Wilson)	June 30, 2014
						3	Execute coordinated marketing efforts using the most appropriate channels (social media, print, email, etc.) to educate the community (Keith Murdock)	September 30, 2014

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COMMUNITY HEALTH NEED	**Prevention & Lifestyle - Healthy Eating**
Trinity Health Point Person(s)	Erin Menzel, Wellness Coordinator
Metric	Jefferson County average number of mentally unhealthy days reported in past 30 days (age-adjusted)
2013 CHNA Measure	Jefferson County. 87 4% (2007-2009), Ohio State Benchmark. 79 1% (2007-2009)
Data Source	CDC, Behavioral Risk Factor Surveillance System (BRFSS)

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Continue partnership with Prime Time Meals on Wheels program. *(Judy Owings)*	Provide balanced meals to community members in need	# of meals provided quarterly	December 31, 2016	Administration Prime Time	1	Track meals served quarterly (Linda Delaney)	January 31, 2014
						2.	Work with stakeholders on understanding if there are existing gaps in Meals on Wheels program (Danielle Ulam)	March 31, 2014
						3.	Secure funding for program expansion or enhancement if needed (Judy Owings)	June 30, 2014
2	Provide education and evaluate food choices offered on Trinity campuses. *(Erin Menzel)*	Help staff, patients and visitors, make better choices about food	Quarterly education programs, provide nutritional information on employee portal, cafeteria, and catalog	December 31, 2016	Employee Health Dietary Services	1	Develop or invest in information brochures on how to read food labels and making better food choices (Erin Menzel)	March 31, 2014
						2	Evaluate feasibility of nutrition coaching for employees (Danielle Ulam)	June 30, 2014
						3	Work with Food Services on providing nutritional information for each meal served (Erin Menzel)	June 30, 2014
						4	Work with Food Services to evaluate healthier cafeteria options for staff patients and visitors (Danielle Ulam)	June 30, 2014
						5	Evaluate vending machine options throughout facilities and work with supplier on stocking with healthier options (Erin Menzel)	September 30, 2014
3	Evaluate partnership with local Farmer's Market *(Bryan Jenkins)*	Support local businesses that provide healthy food options to community	Promote Farmer's Market on meal tickets, jointly host Farmer's Market at Hospital	December 31, 2016	Trinity Soil and Water Conservation District	1	Contact local Farmer's Market organizer to evaluate opportunities to work together (Erin Menzel)	March 31, 2014
						2	Secure funding for program development if needed (Erin Menzel)	September 30, 2014
						3	Jointly develop programs that address better eating habits nutrition and impact on long term health (Danielle Ulam)	December 31, 2014
						4	Promote partnership/coordination efforts on Trinity Health's Facebook page (Keith Murdock)	December 31, 2014
4	Provide education and nutrition counseling *(YMCA/Trinity)*	Improve nutrition education and food choices	Quarterly education programs	December 31, 2016	Trinity YMCA	1	Inventory current nutrition programs in the community (Erin Menzel)	March 31, 2014
						2	Gather stakeholders of programs to discuss coordinating efforts on community education directed at nutrition (Erin Menzel)	June 30, 2014
						3	Develop 2 co-sponsored programs targeted at nutrition education (Danielle Ulam)	September 30, 2014
						4	Promote partnership/coordination efforts on Trinity Health's Facebook page (Keith Murdock)	December 31, 2014

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COMMUNITY HEALTH NEED	**Prevention & Lifestyle - Smoking**
Trinity Health Point Person(s)	Erin Menzel, Wellness Coordinator
Metric	Percent of Jefferson County respondents age 18+ who report smoking cigarettes all or some days
2013 CHNA Measure	Jefferson County. 28 5% (2005-2011), Ohio State Benchmark. 21 7% (2005-2011)
Data Source	CDC, Behavioral Risk Factor Surveillance System (BRFSS)

IMPLEMENTATION PLAN

	Action (*owner*)	Anticipated Impact of Action	Metric(s)	Action Timeline (*provide date*)	Stakeholder Support Needed		Steps to Achieve (*responsible*)	Step Estimated Completion Date
1	Continue sponsorship of *Freedom from Smoking* program *(Stacie Straughn)*	Reduce the rate of smoking in the community	Increase the # of participants in the program by 5%	December 31, 2015	Trinity	1	Evaluate current marketing efforts of Freedom from Smoking program (Keith Murdock)	March 31, 2014
						2	Explore grant funding or sponsorship to subsidize the program in an effort to increase participation (Alesia DeStefano)	June 30, 2014
						3	Reach out to employer partners through Occupational Medicine program to expand Freedom from Smoking program (Erin Menzel)	September 30, 2014
						4	Develop marketing strategy to increase participation (utilize social media email blasts print etc) (Keith Murdock)	December 31, 2014
2	Evaluate partnership opportunities with other community organizations that have smoking cessation programs *(Alesia DeStefano)*	Improve coordination of efforts to improve community health	Quarterly jointly hosted programs	December 31, 2016	Trinity American Heart Association American Lung Association	1	Inventory other smoking cessation programs in the community (Alesica DeStefano/Stacie Straughn)	March 31, 2014
						2	Host stakeholder discussion on ways to improve the coordination of smoking cessation programs (Erin Menzel)	June 30, 2014
						3	Explore joint grant funding to subsidize programs (Erin Menzel)	September 30, 2014
						4	Develop and implement joint smoking cessation program (Rosalia Kijanka)	December 31, 2014
						5	Develop marketing strategy to increase participation (utilize social media email blasts print etc) (Keith Murdock)	March 31, 2015
3	Work with internal stakeholders to coordinate efforts on smoking cessation *(Dr Kuric/ Rosalia Kijanka)*	Target smoking cessation efforts on discharged patients with known smoking status	Reduce rate of smoking in patient population by 10%	December 31, 2016	Trinity Cardio/Pulmonary Respiratory	1	Conduct internal stakeholder meeting to explore coordination of smoking cessation efforts (Rosalia Kijanka/Erin Menzel	March 31, 2014
						2	Evaluate need/cost-analysis for adding a FTE tobacco educator (Dave Werkin)	June 30, 2014
						3.	Develop or re-engineer existing programs to target patient population with known smoking status (Rosalia Kijanka)	September 30, 2014
						4.	Develop marketing strategy to increase participation (utilize social media email blasts print etc) (Keith Murdock)	December 31, 2014

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The remaining significant health needs identified in the community health needs assessment are not addressed by Trinity Health System because limited resources do not allow the organization to address all significant health needs. Trinity Health System prioritized the significant health needs based on the following criteria: magnitude, feasibility, hospital strength, current strategic alignment, and root cause (see CHNA report for details). The needs Trinity Health System choose to address were prioritized higher than the remaining significant health needs based on these criteria.

Access to Care

Cost of Care (un/under insured)
Dentists/Dental Care
Rural Communities
Preventable Hospitalizations

Lifestyle/Prevention

Obesity
Alcohol Abuse
Teen Pregnancy

Environment

Access to Healthy Foods

Socioeconomic

Poverty
Unemployment
Disadvantaged Children