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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
TRINITY HEALTH & AFFILIATES

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
MINOT, ND 587025020

D Employer identification number
33-1007002

E Telephone number
(701) 857-5160

G Gross receipts $ 355,976,357

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

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 ▶ 3904

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

J Website: ▶ WWW TRINITYHEALTH ORG

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

L Year of formation

M State of legal domicile

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	347
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,110,495
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	973,398	581,169
9	Program service revenue (Part VIII, line 2g)	285,352,213	288,652,040
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,149,764	335,936
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	541,161	64,985,975
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,016,536	354,555,120
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	109,150	265,140
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)	121,387,830	118,973,490
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶617,079		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149,797,985	162,456,671
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	271,294,965	281,695,301
19	Revenue less expenses Subtract line 18 from line 12	17,721,571	72,859,819

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	655,440,720	204,703,659
21	Total liabilities (Part X, line 26)	376,839,020	47,296,519
22	Net assets or fund balances Subtract line 21 from line 20	278,601,700	157,407,140

Net Assets or Fund Balances

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

****** | 2015-05-07
Signature of officer | Date

DENNIS C EMPEY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KOREY BOELTER				P00775161

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402 | Phone no (612) 376-4500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 227,345,207 including grants of $ 265,140) (Revenue $ 268,161,318)

TRINITY HEALTH & AFFILIATES PROVIDES HOSPITAL SERVICES TO CENTRAL AND NORTHWEST NORTH DAKOTA AND NORTHEASTERN MONTANA TRINITY HOSPITALS IS THE LARGEST HOSPITAL PROVIDER IN NORTHWEST NORTH DAKOTA, WITH AN ACUTE CARE FACILITY THAT IS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 2 TRAUMA CENTER TRINITY SERVES AS A REFERRAL CENTER FOR THE FOLLOWING SERVICES HEART, NEURO, GENERAL AND ROBOTIC SURGERY, CANCER AND CARDIAC CARE, OPHTHALMOLOGY AND RETINAL SURGERY, ADVANCED DIAGNOSTICS, NEWBORN INTENSIVE CARE, ORTHOPEDICS, SPORTS MEDICINE, INPATIENT REHABILITATION, BEHAVIORAL HEALTH, KIDNEY DIALYSIS AND LITHOTRIPSY TRINITY HOSPITAL INCLUDES A JOINT REPLACEMENT AND GERIATRIC CENTER, CARDIAC CENTER, STROKE CENTER AND NEUROSURGERY CENTER (SEE SCHEDULE O)TRINITY HOSPITAL - ST JOSEPH'S INCLUDES AN INPATIENT REHABILITATION UNIT, KIDNEY DYALISIS UNIT, INPATIENT MENTAL HEALTH, OUTPATIENT BEHAVIORAL HEALTH, AND BOTH INPATIENT AND OUTPATIENT CHEMICAL DEPENDENCY UNITS TRINITY'S NORTHSTAR CRITICAIR HELICOPTER PROVIDES CRITICAL CARE TRANSPORT WITHIN A 150-MILE RADIUS OF TRINITY HOSPITAL TRINITY ALSO PROVIDES GROUND AMBULANCE SERVICES TO THE CITY OF MINOT AND THE SURROUNDING AREA THROUGH COMMUNITY AMBULANCE SERVICE INC

4b (Code) (Expenses $ 23,715,544 including grants of $ 0) (Revenue $ 20,490,722)

TRINITY HOMES IS A 230-BED HOSPITAL-BASED SKILLED NURSING FACILITY PARTICIPATING IN THE MEDICARE AND MEDICAID PROGRAMS TRINITY HOMES INCLUDES AN ALZHEIMER'S SPECIAL CARE UNIT AND 13 RETIREMENT APARTMENTS RESIDENTS OF TRINITY HOMES, UNDER THE DIRECTION OF THEIR PHYSICIAN, ARE ABLE TO RECEIVE SKILLED NURSING CARE, PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, DIETETIC SERVICES, SOCIAL SERVICES, AND ACTIVITIES OF DAILY LIVING ASSISTANCE, SPIRITUAL CARE AND RECREATIONAL ACTIVITIES

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 251,060,751

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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
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	Yes	
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**	Yes	
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
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**	Yes	
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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** 11		
	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** 7		
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**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**	Yes	
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**	Yes	
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**	Yes	
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**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶DENNIS EMPEY PO BOX 5020
MINOT,ND 58702 (701)857-5160

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

Check if Schedule O contains a response 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) PATRICK HOLIEN CHAIRMAN	2 00 2 00	X		X				0	0	0
(2) STEVE LYSNE VICE CHAIRMAN	2 00 2 00	X		X				0	0	0
(3) KAREN KREBSBACH SECRETARY/TREASURER	2 00 2 00	X		X				0	0	0
(4) BORGI BEELER DIRECTOR	2 00 2 00	X						0	0	0
(5) KEVIN COLLINS MD DIRECTOR	20 00 20 00	X						0	738,588	14,760
(6) JOHN COUGHLIN DIRECTOR	2 00 2 00	X						0	0	0
(7) DR DAVID FULLER DIRECTOR	2 00 2 00	X						0	0	0
(8) SCOTT KNUTSON MD DIRECTOR	2 00 2 00	X						0	0	0
(9) BRENT MATTSON DIRECTOR	2 00 2 00	X						0	0	0
(10) CLARA SUE PRICE DIRECTOR	2 00 2 00	X						0	0	0
(11) MARTIN ROTHBERG MD DIRECTOR	20 00 20 00	X						0	1,071,625	14,760
(12) DARYL SOMERVILLE DIRECTOR	2 00 2 00	X						0	0	0
(13) JOHN KUTCH PRESIDENT & CEO	20 00 20 00	X		X				0	542,170	14,760
(14) ALISON FRYE ASSISTANT SECRETARY	0 00 40 00			X				0	50,378	1,460
(15) DENNIS EMPEY VICE PRESIDENT & CFO	20 00 20 00			X				0	80,246	291
(16) RANDY SCHWAN VICE PRES - MISSION INTEGRATION	32 00 8 00				X			0	171,295	7,367
(17) PAUL SIMONSON VICE PRES - HUMAN RESOURCES	32 00 8 00				X			0	240,131	14,228

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) THOMAS WARSOCKI VICE PRES - PHYSICIAN OPERATIONS	0 00 40 00				X			0	159,298	7,093
(19) DAVE KOHLMAN VICE PRES - FACILITIES MANAGEMENT	28 00 12 00				X			0	174,477	7,689
(20) BARBRA BROWN RN BSN MA VICE PRE & CNO	40 00 0 00				X			0	201,184	8,210

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	3,429,392	90,618

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

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 20,110				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 561,059				
	g Noncash contributions included in lines 1a-1f $	57,266				
	h **Total.** Add lines 1a-1f		581,169			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621110	281,347,831	281,347,831		
	b OTHER PATIENT SERVICES	621110	3,814,619	3,814,619		
	c DIETARY SERVICES	722320	1,524,007		144,912	1,379,095
	d ADMINISTRATIVE SERVICES	561000	1,142,058		1,142,058	
	e OTHER UBIT SERVICES	900099	450,472		450,472	
	f All other program service revenue		373,053		373,053	
	g **Total.** Add lines 2a–2f		288,652,040			
	3 Investment income (including dividends, interest, and other similar amounts)		1,265,061			1,265,061
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	34,976				
	b Less rental expenses	49,680				
	c Rental income or (loss)	-14,704				
	d Net rental income or (loss)		-14,704			-14,704
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	436,788				
	b Less cost or other basis and sales expenses	1,365,913				
	c Gain or (loss)	-929,125				
	d Net gain or (loss)		-929,125			-929,125
Other Revenue	8a Gross income from fundraising events (not including $ 20,110 of contributions reported on line 1c) See Part IV, line 18	a 32,609				
	b Less direct expenses	b 5,644				
	c Net income or (loss) from fundraising events		26,965			26,965
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a VENDOR SETTLEMENT	900099	64,524,264			64,524,264
	b VENDOR REBATES	900099	449,450			449,450
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		64,973,714			
	12 **Total revenue.** See Instructions		354,555,120	285,162,450	2,110,495	66,701,006

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	241,500	241,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	23,640	23,640		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	99,127,090	87,840,471	11,149,813	136,806
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,040,787	2,646,999	392,111	1,677
9 Other employee benefits	10,006,275	8,448,165	1,541,970	16,140
10 Payroll taxes	6,799,338	6,069,116	720,168	10,054
11 Fees for services (non-employees)				
a Management				
b Legal	1,865,844	48,688	1,817,156	
c Accounting	518,431	52,030	466,401	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,777,222	27,391,728	1,343,022	42,472
12 Advertising and promotion	2,683,940	128,833	2,555,107	
13 Office expenses	7,392,602	6,180,306	1,198,216	14,080
14 Information technology	2,543,836	709,380	1,827,558	6,898
15 Royalties . .				
16 Occupancy	9,572,594	8,767,741	804,853	
17 Travel	189,521	184,428	4,793	300
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	428,454	232,022	192,505	3,927
20 Interest	4,362,042	4,315,159		46,883
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,087,921	7,039,922	4,041,919	6,080
23 Insurance	878,601	445,533	433,068	
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 / DRUG	50,431,457	50,427,339	4,118	
b BAD DEBT EXPENSE	37,235,009	37,235,009		
c BOOKS & SUBSCRIPTIONS	2,200,742	1,103,924	1,067,305	29,513
d MISCELLANEOUS EXPENSES	1,851,974	1,345,487	207,986	298,501
e All other expenses	436,481	183,331	249,402	3,748
25 **Total functional expenses.** Add lines 1 through 24e	281,695,301	251,060,751	30,017,471	617,079
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		23,805,256	1	64,737,983
	2	Savings and temporary cash investments		1,445,948	2	1,451,532
	3	Pledges and grants receivable, net		1,475	3	
	4	Accounts receivable, net		72,395,292	4	51,865,474
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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		477,490	7	245,810
	8	Inventories for sale or use		7,544,457	8	6,671,596
	9	Prepaid expenses and deferred charges		3,027,121	9	2,783,831
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 228,918,834			
	b	Less accumulated depreciation	10b 167,106,476	72,286,622	10c	61,812,358
	11	Investments—publicly traded securities		13,228,893	11	15,085,075
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		50,000	13	50,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		461,178,166	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		655,440,720	16	204,703,659
Liabilities	17	Accounts payable and accrued expenses		58,004,855	17	29,423,408
	18	Grants payable			18	
	19	Deferred revenue		180,000	19	180,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		28,832	21	25,632
	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		16,777,832	23	13,151,842
	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		301,847,501	25	4,515,637
	26	**Total liabilities.** Add lines 17 through 25		376,839,020	26	47,296,519
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		274,476,511	27	150,368,758
	28	Temporarily restricted net assets		4,024,881	28	6,918,863
	29	Permanently restricted net assets		100,308	29	119,519
		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		278,601,700	33	157,407,140
	34	Total liabilities and net assets/fund balances		655,440,720	34	204,703,659

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	354,555,120
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,695,301
3	Revenue less expenses Subtract line 2 from line 1	3	72,859,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	278,601,700
5	Net unrealized gains (losses) on investments	5	927,629
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-880,200
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-194,101,808
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,407,140

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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

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

1 ☐ A church, convention of churches, or association of churches 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
SCHEDULE A, PART I	THE PUBLIC CHARITY STATUS AS IDENTIFIED IN EACH OF THE CORPORATION'S DETERMINATION LETTER ARE AS FOLLOWS TRINITY HOSPITALS - LINE 3, SECTION 170(B)(1)(A)(III) TRINITY KENMARE HOSPITAL - LINE 3, SECTION 170(B)(1)(A)(III) TRINITY HOMES - LINE 9, 509(A)(2) TRINITY HEALTH FOUNDATION - LINE 11, 509(A)(3), TYPE II PART I, LINE 11E TRINITY HEALTH FOUNDATION CERTIFIES 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) PART 1, LINE 11F TRINITY HEALTH FOUNDATION HAS NOT RECEIVED A WRITTEN DETERMINATION FROM THE IRS PART 1, LINE 11G TRINITY HEALTH FOUNDATION HAS NOT ACCEPTED ANY GIFT OR CONTRIBUTION FROM A PERSON WHO DIRECTLY OR INDIRECTLY CONTROLS, EITHER ALONE OR TOGETHER, THE GOVERNING BODY OF THE SUPPORTED ORGANIZATION, A FAMILY MEMBER OF SUCH A PERSON, OR A 35% CONTROLLED ENTITY OF SUCH A PERSON PART 1, LINE 11H TRINITY HEALTH FOUNDATION SUPPORTS TRINITY HOSPITALS, TRINITY KENMARE HOSPITAL, AND TRINITY HOMES, THE OTHER ORGANIZATIONS REPORTED IN THIS GROUP RETURN TRINITY HOSPITALS AND TRINITY HOMES ARE LISTED IN THE TRINITY HEALTH FOUNDATION'S GOVERNING DOCUMENTS, BUT TRINITY KENMARE HOSPITAL IS NOT TRINITY HEALTH FOUNDATION NOTIFIED THE ORGANIZATIONS OF SUPPORT EACH SUPPORTED ORGANIZATION IS ORGANIZED IN THE U S THE AMOUNT OF MONETARY SUPPORT FOR EACH SUPPORTED ORGANIZATION IS $0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES	33-1007002

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

1 Provide a description of the organization's direct and indirect political campaign activities 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		44,941
j	Total Add lines 1c through 1i			44,941
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	LOBBYING ACTIVITIES CONSIST OF A PORTION OF OUR ANNUAL MEMBERSHIP DUES IDENTIFIED UPON RENEWAL AS ASSOCIATED WITH LOBBYING ACTIVITY ASSOCIATIONS INCLUDE NORTH DAKOTA HOSPITAL ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, NORTH DAKOTA LONG TERM CARE ASSOCIATION, NORTH DAKOTA HOSPICE ORGANIZATION, HEALTH POLICY CONSORTIUM, NORTH DAKOTA ASSOCIATION FOR HOME CARE, AND NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 286,972
d	Additions during the year	1d 1,500
e	Distributions during the year	1e -7,528
f	Ending balance	1f 280,944

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	105,740	100,308	95,051	95,145	305,323
b	Contributions	19,211		5,351		
c	Net investment earnings, gains, and losses	8,525	5,432	3,902	3,902	-214,179
d	Grants or scholarships			3,693	3,693	4,001
e	Other expenditures for facilities and programs			303	303	
f	Administrative expenses					
g	End of year balance	133,476	105,740	100,308	95,051	95,145

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 ▶ 89 540 %
- c Temporarily restricted endowment ▶ 10 460 %

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		2,155,215		2,155,215
b Buildings		44,599,067	26,009,716	18,589,351
c Leasehold improvements		19,447	19,447	0
d Equipment		180,052,011	141,077,313	38,974,698
e Other		2,093,094		2,093,094
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				61,812,358

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
ESTIMATED 3RD PARTY SETTLEMENTS	4,515,637
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,515,637

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 IV, LINE 1B	TO PROVIDE PUBLIC EDUCATION FOR HOSPICE CARE
PART IV, LINE 2B	RESIDENT TRUST FUNDS ARE HELD BY TRINITY HOMES THESE FUNDS ARE TRACKED SEPARATELY FROM THE ORGANIZATIONS' AND ARE HELD IN A SEPARATE BANK ACCOUNT
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUNDS IS TO SUPPORT STAFF EDUCATION AND SCHOLARSHIPS AND THE PURCHASE OF NEW EQUIPMENT
PART X, LINE 2	TRINITY HOSPITALS, TRINITY HOMES, TRINITY HEALTH FOUNDATION, AND TRINITY KENMARE HOSPITAL HAVE ALL BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC ALL UNRELATED BUSINESS INCOME GENERATED BY TRINITY IS SUBJECT TO FEDERAL INCOME TAX UNDER 511 OF THE IRC TRINITY'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS, AND OTHER EVIDENCE IT IS THE OPINION OF MANAGEMENT THAT THE COMPANY HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION TRINITY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE YEARS 2011 TO 2013 ARE OPEN TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (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 & AFFILIATES

Employer identification number
33-1007002

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	0	0	OTHER - MINERAL RIGHTS		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	FOREIGN ACTIVITIES THE ORGANIZATION'S FOREIGN ACTIVITIES ARE LIMITED TO THE RECEIPT OF MINERAL RIGHTS FROM PROPERTY IN CANADA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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 BUILDING HOPE GOLF (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	50,519			50,519
	2 Less Contributions	20,110			20,110
	3 Gross income (line 1 minus line 2)	30,409			30,409
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	842			842
	6 Rent/facility costs	2,720			2,720
	7 Food and beverages	1,150			1,150
	8 Entertainment				
	9 Other direct expenses	932			932
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(5,644)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				24,765

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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		No
	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)			4,230,543		4,230,543	1 500 %
b Medicaid (from Worksheet 3, column a)			18,443,760	14,646,769	3,796,991	1 350 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			22,674,303	14,646,769	8,027,534	2 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j			22,674,303	14,646,769	8,027,534	2 850 %

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	41	34,896	255,413	2,200	253,213	0 090 %
10 **Total**	41	34,896	255,413	2,200	253,213	0 090 %

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	37,235,009		
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	0		
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	80,810,183
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,001,604
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,191,421
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?
3

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 HOSPITAL

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 12			
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) WWW TRINITYHEALTH ORG/COMMUNITY			
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**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% 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 HOSPITAL ST JOSEPH'S

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 12			
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) WWW TRINITYHEALTH ORG/COMMUNITY			
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**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% 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 KENMARE HOSPITAL

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) 3

			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 12			
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) WWW TRINITYHEALTH ORG/COMMUNITY			
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**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% 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
See Additional Data Table	

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? **28**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	TO BE ELIGIBLE FOR FREE CARE UNDER TRINITY HEALTH'S FINANCIAL ASSISTANCE POLICY, A PERSON'S INCOME MUST BE BELOW 200% OF FEDERAL POVERTY GUIDELINES TO BE ELIGIBLE FOR DISCOUNTED CARE, A PERSON'S INCOME MUST BELOW 350% OF FEDERAL POVERTY GUIDELINES OTHER FACTORS THAT ARE CONSIDERED IN DETERMINING FINANCIAL ASSISTANCE INCLUDE THE NUMBER OF DEPENDENTS, EMPLOYMENT STATUS AND FUTURE EARNING CAPACITY, A LISTING OF ASSETS AND INVESTMENTS, AND OTHER FINANCIAL OBLIGATIONS SPECIAL CONSIDERATION IS GIVEN TO FURTHER REDUCE PAYMENT BALANCES WHERE INCOME LEVELS EXCEED THE INCOME GUIDELINES FOR CHARITY CARE AND THE HEALTHCARE EXPENSES EXCEED A SIGNIFICANT MULTIPLE OF THE HOUSEHOLD'S ANNUAL INCOME

Form and Line Reference	Explanation
PART I, LINE 7	TRINITY'S COMMUNITY BENEFIT EXPENSES AND REVENUES WERE CALCULATED USING THE IRS WORKSHEETS PROVIDED IN THE INSTRUCTIONS TO THE 2013 FORM 990, SCHEDULE H

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	$37,235,009 OF BAD DEBT EXPENSE WAS EXCLUDED IN CALCULATING THE PERCENTAGES REPORTED IN PART I, LINE 7, COLUMN F IN FURTHERANCE OF ITS CHARITABLE PURPOSE, TRINITY PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED SERVICE PROGRAMS SUCH AS FREE CLINICS, HEALTH SCREENINGS, IN-HOME CAREGIVER SERVICES, SOCIAL SERVICE AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, CRISIS INTERVENTION, TRANSPORTATION TO AND FROM THE HOSPITAL CAMPUSES, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, TELEPHONE INFORMATION SERVICES, AND COSTS RELATED TO PROGRAMS DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY THE COST OF PROVIDING THE ABOVE SERVICES IS NOT INCLUDED IN TRINITY'S CHARITY CARE AMOUNT

Form and Line Reference	Explanation
PART III, LINE 2	TRINITY PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED CHARGE TO RESIDENTS OF ITS COMMUNITY THROUGH THE PROVISION OF CHARITY CARE INCLUDED IN TRINITY'S DEFINITION OF CHARITY CARE ARE THE FOLLOWING (A) SERVICES PROVIDED TO THE UNINSURED OR UNDERINSURED AND (B) SERVICES PROVIDED TO PATIENTS EXPRESSING A WILLINGNESS TO PAY BUT WHO ARE DETERMINED TO BE UNABLE TO PAY BECAUSE OF SOCIOECONOMIC FACTORS TRINITY MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THOSE RECORDS INCLUDE THE AMONT OF CHARGES FOREGONE FOR CHARITY CARE AMOUNTS DO NOT INCLUDE THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS OR THE DIFFERENCE BETWEEN PUBLIC PROGRAM PAYMENTS (PRIMARILY MEDICARE AND MEDICAID) AND THE RELATED COSTS OF PROVIDING SUCH SERVICES TRINITY USES THE MEDICARE COST-TO-CHARGE RATIO TO DETERMINE THE AMOUNTS REPORTED ON LINE 2

Form and Line Reference	Explanation
PART III, LINE 3	TRINITY IS REPORTING $0 ON LINE 3 BECAUSE THE ORGANIZATION DOES NOT HAVE A RELIABLE ESTIMATE OF THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO INDIVIDUALS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE BUT DID NOT COMPLETE AN APPLICATION

Form and Line Reference	Explanation
PART III, LINE 4	SEE THE "PATIENT AND RESIDENT ACCOUNTS RECEIVABLE, NET" NOTE ON PAGE 9 OF THE ATTACHED FINANCIAL STATEMENTS

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

Form and Line Reference	Explanation
PART VI, LINE 2	TRINITY HEALTH COMPLETES A THOROUGH COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, IN COMPLIANCE WITH SECTION 501(R) TRINITY'S FIRST COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED DURING THE YEAR ENDED JUNE 30, 2013 THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT IS AVAILABLE ONLINE AT HTTP //WWW TRINITYHEALTH ORG/COMMUNITY

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

Form and Line Reference	Explanation
PART VI, LINE 4	ALTHOUGH TRINITY HOSPITAL AND TRINITY HOSPITAL - ST JOSEPH'S ARE LOCATED IN MINOT, NORTH DAKOTA, WE HAVE HISTORICALLY DEFINED OUR "COMMUNITY" AS A BROADER AREA THAT INCLUDES NORTHWESTERN NORTH DAKOTA AS WELL AS A PORTION OF NORTHEASTERN MONTANA WITHIN THIS BROADER COMMUNITY, APPROXIMATELY TWO-THIRDS OF OUR INPATIENTS AND OUTPATIENTS RESIDE WITHIN IN AND IMMEDIATELY AROUND THE CITY OF MINOT AND WARD COUNTY UNDERSTANDING OUR COMMUNITY REQUIRES AN UNDERSTANDING OF NORTH DAKOTA'S OIL BOOM ON MARCH 13, 2013, THE ATLANTIC PUBLISHED A SHORT ARTICLE EXPLAINING THE SITUATION "UNDERLYING NORTHWESTERN NORTH DAKOTA IS A MASSIVE ROCK FORMATION, REFERRED TO AS THE BAKKEN SHALE, WHICH HOLDS AN ESTIMATED 18 BILLION BARRELS OF CRUDE OIL WHEN THIS RESOURCE WAS FIRST DISCOVERED IN 1951, RECOVERING IT WAS FINANCIALLY UNFEASIBLE BECAUSE THE OIL WAS EMBEDDED IN THE STONE THEN, AROUND 2008, EVERYTHING CHANGED, AND NORTH DAKOTA BOOMED NEW DRILLING TECHNOLOGY CALLED HYDRAULIC FRACTURING, OR 'FRACKING,' BECAME WIDESPREAD, AND OIL PRODUCTION TOOK OFF AS OF 2013, THERE ARE MORE THAN 200 ACTIVE OIL RIGS IN NORTH DAKOTA, PRODUCING ABOUT 20 MILLION BARRELS OF OIL EVERY MONTH-NEARLY 60 PERCENT OF IT SHIPPED BY RAIL, RATHER THAN PIPELINE THE RIGS AND SUPPORT SYSTEMS HAVE RESCULPTED THE LANDSCAPE, MILLIONS ARE DOLLARS ARE BEING SPENT ON INFRASTRUCTURE UPGRADES ACROSS THE AREA, AND THOUSANDS OF OIL FIELD WORKERS HAVE ARRIVED, LIVING IN NEW OR TEMPORARY HOUSING "ALTHOUGH MUCH OF THE OIL FIELD ACTIVITY OCCURS TO THE WEST OF MINOT, OUR COMMUNITY HAS BEEN SIGNIFICANTLY IMPACTED BY THE INFLUX OF PEOPLE INTO OUR COMMUNITY DEMAND FOR ALMOST EVERY GOOD, FROM HOUSING TO CLOTHING TO FOOD, HAS INCREASED WHILE THE INCREASE IN JOBS AND THE INFLOW OF MONEY HAS BEEN BENEFICIAL, OUR COMMUNITY ALSO STRUGGLES WITH INCREASING COST-OF-LIVING AND A HOUSING SHORTAGE

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

Form and Line Reference	Explanation
PART VI, LINE 6	THIS FORM 990 INCLUDES TRINITY HOSPITAL, TRINITY HOSPITAL-ST JOSEPH'S, AND TRINITY KENMARE HOSPITAL THESE THREE HOSPITALS ARE PART OF TRINITY HEALTH SYSTEM TRINITY HEALTH IS THE PARENT ORGANIZATION THE SYSTEM ALSO INCLUDES TRINITY HEALTH FOUNDATION, TRINITY HOMES, AND COMMUNITY AMBULANCE SERVICE OF MINOT, ALL OF WHICH ARE TAX-EXEMPT 501(C)(3) ORGANIZATIONS, AS WELL AS MEDICAL ARTS OUTPATIENT SERVICES INC AND B&B DRUG INC , BOTH OF WHICH ARE FOR-PROFIT C CORPORATIONS

Additional Data

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

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 HOSPITAL	PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS PRIMARILY INVOLVED INTERVIEWS AND COMMUNITY SURVEYS INTERVIEWS WERE CONDUCTED IN EARLY 2013 WITH VARIOUS COMMUNITY LEADERS, MEDICAL PROFESSIONALS, AND CITY AND COUNTY GOVERNMENT OFFICIALS THIS PROCESS INCLUDED THE COUNTY HEALTH OFFICER, SOCIAL SERVICE WORKERS, SCHOOL DISTRICT REPRESENTATIVES, AND MILITARY REPRESENTATIVES OF THE NEARBY MINOT AIR FORCE BASE COMMUNITY SURVEYS WERE DISTRIBUTED THROUGH THE LOCAL NEWSPAPER, OUR WEBSITE, FACEBOOK, AND OUR HEALTH CARE FACILITIES

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 HOSPITAL ST JOSEPH'S	PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS PRIMARILY INVOLVED INTERVIEWS AND COMMUNITY SURVEYS INTERVIEWS WERE CONDUCTED IN EARLY 2013 WITH VARIOUS COMMUNITY LEADERS, MEDICAL PROFESSIONALS, AND CITY AND COUNTY GOVERNMENT OFFICIALS THIS PROCESS INCLUDED THE COUNTY HEALTH OFFICER, SOCIAL SERVICE WORKERS, SCHOOL DISTRICT REPRESENTATIVES, AND MILITARY REPRESENTATIVES OF THE NEARBY MINOT AIR FORCE BASE COMMUNITY SURVEYS WERE DISTRIBUTED THROUGH THE LOCAL NEWSPAPER, OUR WEBSITE, FACEBOOK, AND OUR HEALTH CARE FACILITIES

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 KENMARE HOSPITAL	PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS PRIMARILY INVOLVED INTERVIEWS AND COMMUNITY SURVEYS INTERVIEWS WERE CONDUCTED IN EARLY 2013 WITH VARIOUS COMMUNITY LEADERS, MEDICAL PROFESSIONALS, AND CITY AND COUNTY GOVERNMENT OFFICIALS THIS PROCESS INCLUDED THE COUNTY HEALTH OFFICER, SOCIAL SERVICE WORKERS, SCHOOL DISTRICT REPRESENTATIVES, AND MILITARY REPRESENTATIVES OF THE NEARBY MINOT AIR FORCE BASE COMMUNITY SURVEYS WERE DISTRIBUTED THROUGH THE LOCAL NEWSPAPER, OUR WEBSITE, FACEBOOK, AND OUR HEALTH CARE FACILITIES

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 HOSPITAL	PART V, SECTION B, LINE 4 TRINITY HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH TRINITY HOSPITAL-ST JOSEPH'S AND TRINITY KENMARE HOSPITAL BECAUSE OF THEIR IDENTICAL COMMUNITIES AND RELATIONSHIP WITHIN TRINITY HEALTH, TRINITY HOSPITAL AND TRINITY HOSPITAL-ST JOSEPH'S PRODUCED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

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

Form and Line Reference	Explanation
TRINITY HOSPITAL ST JOSEPH'S	PART V, SECTION B, LINE 4 TRINITY HOSPITAL-ST JOSEPH'S CONDUCTED ITS CHNA IN COLLABORATION WITH TRINITY HOSPITAL AND TRINITY KENMARE HOSPITAL BECAUSE OF THEIR IDENTICAL COMMUNITIES AND RELATIONSHIP WITHIN TRINITY HEALTH, TRINITY HOSPITAL AND TRINITY HOSPITAL-ST JOSEPH'S PRODUCED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

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

Form and Line Reference	Explanation
TRINITY KENMARE HOSPITAL	PART V, SECTION B, LINE 4 TRINITY KENMARE HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH TRINITY HOSPITAL AND TRINITY HOSPITAL-ST JOSEPH'S

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 HOSPITAL	PART V, SECTION B, LINE 7 BECAUSE OF LIMITED RESOURCES, WE CANNOT RESPOND EFFECTIVELY TO EVERY IDENTIFIED HEALTH NEED WE HAVE CHOSEN OUR RESPONSES BASED ON ANALYSIS OF OUR RESOURCES, OUR MISSION, OUR EXISTING SPECIALTIES, COMMUNITY PRIORITIES, AND EXISTING COMMUNITY RESOURCES WE HAVE CHOSEN TO FOCUS OUR RESOURCES ON ACCESS TO HEALTHCARE AND ARE NOT ACTIVELY PLANNING TO RESPOND TO ANY OTHER IDENTIFIED HEALTH NEEDS

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 HOSPITAL ST JOSEPH'S	PART V, SECTION B, LINE 7 BECAUSE OF LIMITED RESOURCES, WE CANNOT RESPOND EFFECTIVELY TO EVERY IDENTIFIED HEALTH NEED WE HAVE CHOSEN OUR RESPONSES BASED ON ANALYSIS OF OUR RESOURCES, OUR MISSION, OUR EXISTING SPECIALTIES, COMMUNITY PRIORITIES, AND EXISTING COMMUNITY RESOURCES WE HAVE CHOSEN TO FOCUS OUR RESOURCES ON ACCESS TO HEALTHCARE AND ARE NOT ACTIVELY PLANNING TO RESPOND TO ANY OTHER IDENTIFIED HEALTH NEEDS

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 KENMARE HOSPITAL	PART V, SECTION B, LINE 7 BECAUSE OF LIMITED RESOURCES, WE CANNOT RESPOND EFFECTIVELY TO EVERY IDENTIFIED HEALTH NEED WE HAVE CHOSEN OUR RESPONSES BASED ON ANALYSIS OF OUR RESOURCES, OUR MISSION, OUR EXISTING SPECIALTIES, COMMUNITY PRIORITIES, AND EXISTING COMMUNITY RESOURCES WE HAVE CHOSEN TO FOCUS OUR RESOURCES ON ACCESS TO HEALTHCARE AND ARE NOT ACTIVELY PLANNING TO RESPOND TO ANY OTHER IDENTIFIED HEALTH NEEDS

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 HOSPITAL	PART V, SECTION B, LINE 14G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COMPLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

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 HOSPITAL ST JOSEPH'S	PART V, SECTION B, LINE 14G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COMPLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

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 KENMARE HOSPITAL	PART V, SECTION B, LINE 14G PATIENTS IDENTIFIED AS POSSIBLE FINANCIAL ASSISTANCE CASES ARE ASKED TO BE COMPLETE A FINANCIAL ASSISTANCE FORM AND ARE REFERRED TO THE APPROPRIATE COUNSELOR

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 HOSPITAL	PART V, SECTION B, LINE 20D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

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 HOSPITAL ST JOSEPH'S	PART V, SECTION B, LINE 20D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

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 KENMARE HOSPITAL	PART V, SECTION B, LINE 20D THE HOSPITAL FACILITY USED THE AVERAGE OF ALL COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNT THAT CAN BE CHARGED

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

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

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

Name and address	Type of Facility (describe)
TRINITY HOMES 305 8TH AVENUE NE MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HOSPITALS HOME HEALTHHOSPICE 1015 SOUTH BROADWAY SUITE 306 MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HOSPITALS HOSPITAL ROAD BELCOURT,ND 58316	SKILLED NURSING HOME
TCC-BELCOURT (KDU) 1310 HOSPITAL LOOP ROAD BELCOURT,ND 58316	SKILLED NURSING HOME
ORAL & FACIAL SURGERY CENTER-PLAZA 16 2815 16TH STREET SW MINOT,ND 58702	SKILLED NURSING HOME
ORAL & FACIAL SURGERY CENTER-WILLISTON 2224 1ST AVE W WILLISTON,ND 58801	SKILLED NURSING HOME
TRINITY REGIONAL EYECARE-WILLISTON 1321 W DAKOTA PARKWAY WILLISTON,ND 55801	SKILLED NURSING HOME
TRINITY REGIONAL EYECARE-DEVIL'S LAKE 404 HWY 2 EAST DEVILS LAKE,ND 58301	SKILLED NURSING HOME
VISION GALLERIA AT TRINITY - PLAZA 16 2815 16TH STREET SW MINOT,ND 58702	SKILLED NURSING HOME
SAME DAY SURGERY CENTER 407 3RD ST SE MINOT,ND 58701	SKILLED NURSING HOME
WESTERN DAKOTA SURGERY 1102 MAIN ST WILLISTON,ND 58801	SKILLED NURSING HOME
TRINITY HEALTH CENTER-MEDICAL ARTS 400 BURDICK EXPRESSWAY EAST MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HEALTH CENTER-EAST 20 BURDICK EXPRESSWAY WEST MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HEALTH CENTER-WEST 101 ERD AVENUE SW MINOT,ND 58701	SKILLED NURSING HOME
TRINITY REGIONAL EYECARE-MINOT CENTER 120 BURDICK EXPRESSWAY EAST MINOT,ND 58701	SKILLED NURSING HOME

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

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

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

Name and address	Type of Facility (describe)
TRINITY HEALTH CENTER-RIVERSIDE 1900 8TH AVENUE SE MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HEALTH CENTER-TOWN & COUNTRY 831 SOUTH BROADWAY MINOT,ND 58701	SKILLED NURSING HOME
MAIN MEDICAL BUILDING 315 SOUTH MAIN MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HEALTH SOUTH RIDGE 1500 24TH AVENUE SW MINOT,ND 58701	SKILLED NURSING HOME
TCC-WESTERN DAKOTA 1321 WEST DAKOTA PARKWAY WILLISTON,ND 58801	SKILLED NURSING HOME
TRINITY HEALTH CENTER-3RD STREET 420 3RD ST SE MINOT,ND 58701	SKILLED NURSING HOME
TRINITY HEALTH CENTER-5TH AVE 307 5TH AVE SE MINOT,ND 58701	SKILLED NURSING HOME
TRINITY COMMUNITY CLINIC KENMARE 307 1ST AVENUE NW KENMARE,ND 58746	SKILLED NURSING HOME
TCC-GARRISON PO BOX 1179 GARRISION,ND 585401179	SKILLED NURSING HOME
TCC-MOHALL 504 1ST ST SW MOHALL,ND 58760	SKILLED NURSING HOME
TCC-NEW TOWN PO BOX 1029 NEW TOWN,ND 587631029	SKILLED NURSING HOME
TCC-VELVA PO BOX 70 VELVA,ND 587900070	SKILLED NURSING HOME
TCC-WESTHOPE PO BOX 383 WESTHOPE,ND 587930383	SKILLED NURSING HOME

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (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 & AFFILIATES

Employer identification number
33-1007002

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINOT FAMILY YMCA PO BOX 69 MINOT,ND 58702	45-0237612	501(C)(3)	50,000				FACILITY EXPANSION
(2) NORSK HOSTFEST ASSOCIATION PO BOX 1347 MINOT,ND 58702	45-0353644	501(C)(3)	24,000				SPONSORSHIP
(3) MINOT PARK DISTRICT 2501 W BURDICK EXPRESSWAY MINOT,ND 58701	45-6002127	GOVERNEMENT	150,000				ADDITION TO ICE SKATING RINK
(4) BISHOP RYAN CATHOLIC SCHOOL 316 11TH AVENUE NW MINOT,ND 58703	45-0432927	501(C)(3)	13,500				TIME CLOCK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 4

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HARDSHIPS AND FLOOD RELIEF	37	20,000			
(2) CANCER ASSISTANCE	24	3,640			

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

Return Reference	Explanation
PART I, LINE 2	TRINITY HEALTH & AFFILIATES DOES NOT HAVE A PROCEDURE FOR MONITORING USE OF GRANT FUNDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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				
(1)KEVIN COLLINS MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	633,810	11,161	93,617	13,800	960	753,348	0
(2)MARTIN ROTHBERG MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	120,074	0	951,551	13,800	960	1,086,385	0
(3)JOHN KUTCH PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	541,234	0	936	13,800	960	556,930	0
(4)RANDY SCHWAN VICE PRES - MISSION INTEGRATION	(i)	0	0	0	0	0	0	0
	(ii)	160,490	3,110	7,695	6,900	467	178,662	0
(5)PAUL SIMONSON VICE PRES - HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	224,216	4,393	11,522	13,800	428	254,359	0
(6)THOMAS WARSOCKI VICE PRES - PHYSICIAN OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	153,158	0	6,140	6,632	461	166,391	0
(7)DAVE KOHLMAN VICE PRES - FACILITIES MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	166,915	3,313	4,249	7,192	497	182,166	0
(8)BARBRA BROWN RN BSN MA VICE PRE & CNO	(i)	0	0	0	0	0	0	0
	(ii)	200,248	0	936	8,037	173	209,394	0

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	JOHN KUTCH, PRESIDENT & CEO, IS COMPENSATED BY TRINITY HEALTH, A RELATED ORGANIZATION TRINITY HEALTH USES THE FOLLOWING METHODS TO DETERMINE THE COMPENSATION FOR JOHN 1 COMPENSATION COMMITTEE 2 INDEPENDENT COMPENSATION CONSULTANT 3 FORM 990 OF OTHER ORGANIZATIONS 4 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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
Total		▶ $										

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
(1) DAVE KOHLMAN	OFFICER	49,946	REAL ESTATE RENTAL		No
(2) EDWARD JONES	THE BROTHER OF DAVE KOHLMAN IS A FINANCIAL ADVISOR AT EDWARD JONES	79,340	INVESTMENT FEES		No
(3) BREMER BANK	BRENT MATTSON, BOARD MEMBER, IS THE PRESIDENT OF BREMER BANK	36,897	INVESTMENT FEES		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (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 & AFFILIATES

Employer identification number
33-1007002

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,273	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MINERAL RIGHT)	X	1	48,753	FMV
26 Other ▶ (GIFT CARDS)	X	151	1,240	FMV
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS OF THE BOARD OF DIRECTORS, EACH VESTED WITH FULL VOTING AUTHORITY THEY MEET AS NEEDED TO PLAN FOR THE BOARD'S WORK AND TO FULFILL TASKS ASSIGNED TO THEM BY THE BOARD THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT AND MAKE DECISIONS ON BEHALF OF THE ENTIRE BOARD WHEN URGENT MATTERS ARISE BETWEEN REGULARLY SCHEDULED BOARD MEETINGS THE EXECUTIVE COMMITTEE IS OBLIGATED TO PRESENT ITS ACTIONS TO THE ENTIRE BOARD IF A DECISION HAS BEEN MADE IN ITS ABSENCE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	TRINITY HEALTH CONTRACTED WITH A MANAGEMENT COMPANY TO PROVIDE FINANCIAL MANAGEMENT SERVICES, INCLUDING A CONTRACTED CFO, DURING THE YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS OF TRINITY HEALTH FOUNDATION WERE AMENDED DURING THE YEAR THE AMENDMENTS INCLUDE THE FOLLOW SIGNIFICANT CHANGES 1) THE NUMBER OF BOARD MEMBERS IS NOW REQUIRED TO BE A MINIMUM OF 11 INDIVIDUALS THERE IS NO MAXIMUM NUMBER OF INDIVIDUALS 2) THE EXECUTIVE COMMITTEE NOW CONSISTS SOLELY OF THE OFFICERS OF THE BOARD

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

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL PROFESSIONALS PROGRAM SERVICE EXPENSES 27,391,728 MANAGEMENT AND GENERAL EXPENSES 1,343,022 FUNDRAISING EXPENSES 42,472 TOTAL EXPENSES 28,777,222

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSET TRANSFERS -194,101,808

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013825

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 & AFFILIATES

Employer identification number
33-1007002

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

(a) Name, address, and EIN (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) COMMUNITY AMBULANCE SERVICE OF MINOT INC 305 11TH AVENUE SW MINOT, ND 58701 45-0363593	AMBULANCE SERVICES	ND	501(C)(3)	LINE 11A, I	TRINITY HEALTH		No
(2) TRINITY HEALTH PO BOX 5020 MINOT, ND 58702 45-0226558	HEALTHCARE	ND	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) MEDICAL ARTS OUTPATIENT SERVICES INC 400 BURDICK EXPRESSWAY EAST MINOT, ND 58701 45-0278212	RETAIL PHARMACY & DURABLE MEDICAL EQUIPMENT	ND	TRINITY HOSPITALS	C	14,031,047	3,045,715	100 000 %	Yes	
(2) B&B DRUG INC 20 BURDICK EXPRESSWAY EAST MINOT, ND 58701 45-0260565	RETAIL DRUG STORE	ND	N/A	C					No

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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f 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	Yes	
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		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
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	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL ARTS OUTPATIENT SERVICES INC	A	23,533	FMV

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132013825

TY 2013 Affiliate Listing

Name: TRINITY HEALTH & AFFILIATES

EIN: 33-1007002

TY 2013 Affiliate Listing

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

TRINITY HEALTH AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2014 AND 2013

TRINITY HEALTH AND SUBSIDIARIES
TABLE OF CONTENTS
YEARS ENDED JUNE 30, 2014 AND 2013

CliftonLarsonAllen LLP
CLAconnect com

CliftonLarsonAllen

INDEPENDENT AUDITORS' REPORT

Board of Directors
Trinity Health and Subsidiaries
Minot, North Dakota

We have audited the accompanying consolidated financial statements of Trinity Health and Subsidiaries, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations, changes 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 consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 financial position of Trinity Health and Subsidiaries as of June 30, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Emphasis of Matter

As described in Note 15 to the consolidated financial statements, Trinity recorded adjustments to the classification of its net assets at July 1, 2012

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 19, 2014, on our consideration of Trinity Health and Subsidiaries internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Trinity Health and Subsidiaries internal control over financial reporting and compliance

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 19, 2014

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
JUNE 30, 2014 AND 2013

ASSETS	2014	2013
CURRENT ASSETS		
Cash and Cash Equivalents	$ 69,425,675	$ 26,502,384
Current Portion of Assets Limited as to Use	5,765,116	5,659,991
Accounts Receivable		
Patient and Resident, Net	66,323,360	82,744,535
Other, Net	2,944,638	3,601,172
Accrued Interest	29,978	36,719
Estimated Third-Party Payor Settlements	-	149,000
Inventories	8,947,919	9,494,939
Prepaid Expenses	2,228,798	2,013,929
Total Current Assets	155,665,484	130,202,669
ASSETS LIMITED AS TO USE		
Held by Trustee Under Bond Reserve Fund	7,873,036	7,815,504
Held by Trustee for Debt Service	5,765,116	5,659,991
Total Assets Limited as to Use	13,638,152	13,475,495
Less Amount Required to Meet Current Obligations	(5,765,116)	(5,659,991)
Noncurrent Assets Limited as to Use	7,873,036	7,815,504
INVESTMENTS	31,360,206	27,673,126
PROPERTY AND EQUIPMENT, NET	97,403,058	106,571,338
OTHER ASSETS		
Deferred Financing Costs, Net	770,967	830,095
Long-Term Deposits	587,270	1,040,416
Other Assets	50,000	50,000
Total Other Assets	1,408,237	1,920,511
Total Assets	$ 293,710,021	$ 274,183,148

See accompanying Notes to Consolidated Financial Statements

LIABILITIES AND NET ASSETS	2014	2013
CURRENT LIABILITIES		
Current Portion of Long-Term Debt	$ 6,550,137	$ 7,550,508
Accounts Payable	15,229,413	38,215,565
Accrued Expenses		
Salaries, Wages and Payroll Taxes	16,708,694	15,966,898
Vacation and Sick Pay	6,503,103	6,091,386
Interest	1,925,116	2,019,991
Other Expenses	4,712,360	4,053,395
Estimated Third-Party Payor Settlements	4,516,000	2,603,000
Estimated Professional Malpractice Liability	768,000	672,000
Total Current Liabilities	56,912,823	77,172,743
LONG-TERM LIABILITIES		
Long-Term Debt, Net of Current Portion	82,616,205	89,031,068
Asset Retirement Obligation	8,737,740	8,553,400
Total Long-Term Liabilities	91,353,945	97,584,468
Total Liabilities	148,266,768	174,757,211
NET ASSETS		
Unrestricted	138,404,871	92,387,553
Temporarily Restricted	6,918,863	6,938,076
Permanently Restricted	119,519	100,308
Total Net Assets	145,443,253	99,425,937
Total Liabilities and Net Assets	$ 293,710,021	$ 274,183,148

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT		
Net Patient and Resident Service Revenue (Net of Contractual Allowances and Discounts)	$ 400,290,572	$ 393,017,397
Provision for Uncollectible Accounts	(46,989,713)	(30,388,213)
Net Patient and Resident Service Revenue Less Provision for Uncollectible Accounts	353,300,859	362,629,184
Other Operating Revenue	73,759,775	6,348,216
Total Unrestricted Revenues, Gains, and Other Support	427,060,634	368,977,400
EXPENSES		
Salaries and Wages	187,888,926	184,291,628
Employee Benefits and Payroll Taxes	27,488,387	23,881,225
Drugs and Supplies	75,944,269	72,590,633
Purchased Services and Professional Fees	44,336,586	40,187,767
Maintenance, Equipment Rental and Utilities	19,641,666	18,110,985
Insurance	2,250,259	1,939,281
Other Operating Expenses	8,838,185	9,327,897
Depreciation and Amortization	14,057,968	13,989,876
Interest	4,761,129	4,591,086
Total Expenses	385,207,375	368,910,378
OPERATING INCOME	41,853,259	67,022
NONOPERATING GAINS (LOSSES)		
Investment Income	4,521,046	1,664,936
Gain (Loss) on Disposal of Property and Equipment	(1,141,625)	998,340
Other Nonoperating Gains	784,638	1,497,901
Total Nonoperating Gains	4,164,059	4,161,177
EXCESS OF REVENUES, GAINS AND SUPPORT OVER EXPENSES	46,017,318	4,228,199
CHANGE IN UNREALIZED GAINS ON INVESTMENTS	-	1,681,290
NET ASSETS RELEASED FROM RESTRICTION - CAPITAL	-	3,500,817
INCREASE IN UNRESTRICTED NET ASSETS	$ 46,017,318	$ 9,410,306

See accompanying Notes to Consolidated Financial Statements

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2014 AND 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS - JULY 1, 2012 BEFORE RESTATEMENT	$ 85,890,442	$ 7,515,013	$ 110,984	$ 93,516,439
Prior Period Adjustments	(2,913,195)	2,923,871	(10,676)	-
NET ASSETS - JULY 1, 2012 AFTER RESTATEMENT	82,977,247	10,438,884	100,308	93,516,439
Excess of Revenues, Gains and Other Support Over Expenses	4,228,199	-	-	4,228,199
Change in Net Unrealized Gains on Investments	1,681,290	-	-	1,681,290
Restricted Investment Income	-	195,157	-	195,157
Restricted Contributions	-	443,082	-	443,082
Net Assets Released from Restrictions - Operations	-	(638,230)	-	(638,230)
Net Assets Released from Restrictions - Capital	3,500,817	(3,500,817)	-	-
Change in Net Assets - 2013	9,410,306	(3,500,808)	-	5,909,498
NET ASSETS - JUNE 30, 2013	92,387,553	6,938,076	100,308	99,425,937
Excess of Revenues, Gains and Other Support Over Expenses	46,017,318	-	-	46,017,318
Restricted Investment Income	-	359,547		359,547
Restricted Contributions	-	1,353,297	19,211	1,372,508
Net Assets Released from Restrictions - Operations	-	(1,732,057)	-	(1,732,057)
Change in Net Assets - 2014	46,017,318	(19,213)	19,211	46,017,316
NET ASSETS - JUNE 30, 2014	$ 138,404,871	$ 6,918,863	$ 119,519	$ 145,443,253

See accompanying Notes to Consolidated Financial Statements

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$ 46,017,316	$ 5,909,498
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities		
Depreciation and Amortization	14,057,968	13,989,876
Change in Asset Retirement Obligation	184,340	426,600
Amortization of Notes Receivable	887,461	1,224,463
(Gain) Loss on Disposal of Property and Equipment	1,141,625	(998,340)
Change in Net Unrealized Gains on Investments	(2,045,455)	(1,681,290)
Permanently Restricted Contributions	(19,211)	-
Changes in Operating Assets and Liabilities		
Patient and Resident Receivables, Net	16,421,175	(3,491,508)
Other Receivables	100,342	1,600,145
Accrued Interest	6,741	14,541
Inventories	547,020	(376,734)
Prepaid Expenses	238,277	(848,477)
Accounts Payable	(19,844,275)	6,050,695
Accrued Expenses	1,717,603	3,571,604
Estimated Third-Party Payor Settlements	2,062,000	(3,522,000)
Estimated Professional Malpractice Liability	96,000	97,000
Net Cash Provided by Operating Activities	61,568,927	21,966,073
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment	(9,461,564)	(2,966,438)
Proceeds from Sale of Property and Equipment	347,502	1,622,764
Additions to Notes Receivable	(718,500)	(1,046,203)
Payments on Notes Receivable	387,231	545,750
Net Change in Assets Limited as to Use	(162,657)	(364,333)
Purchase of Investments	(3,116,899)	(841,185)
Proceeds from Sales or Maturities of Investments	1,475,274	100,000
Net Cash Used by Investing Activities	(11,249,613)	(2,949,645)
CASH FLOWS FROM FINANCING ACTIVITIES		
Issuances of Long-Term Debt	30,838	2,017,678
Principal Payments on Long-Term Debt	(7,446,072)	(4,683,186)
Permanently Restricted Contributions	19,211	-
Net Cash Used by Financing Activities	(7,396,023)	(2,665,508)
INCREASE IN CASH AND CASH EQUIVALENTS	42,923,291	16,350,920
Cash and Cash Equivalents - Beginning	26,502,384	10,151,464
CASH AND CASH EQUIVALENTS - ENDING	$ 69,425,675	$ 26,502,384
SUPPLEMENTAL DISCLOSURES		
Cash Paid for Interest	$ 4,671,664	$ 4,277,322
Cash Paid for Income Taxes	$ 61,640	$ 63,309
Equipment Purchased Under Capital Lease Obligations	$ -	$ 11,590,505

See accompanying Notes to Consolidated Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

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

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

- Trinity Homes has a 230-bed skilled-care nursing component and a 15-room retirement home

- Trinity Health Foundation (the Foundation) is a tax exempt non-profit organization whose purpose is directed toward improving medical services and facilities in the Minot, North Dakota area

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

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

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

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

Principles of Consolidation

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

Basis of Presentation

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

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

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

Cash and Cash Equivalents

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

Patient and Resident Accounts Receivable, Net

Patient and resident accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of patient and resident accounts receivable, Trinity analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts 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 example, 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 the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Trinity records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

Inventories

Inventories are stated at the lower of cost or market value

Assets Limited as to Use

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

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenues, gains, and other support over expenses unless the income or loss is restricted by donor or law In general, investments are exposed to various risks, such as interest rate, credit and overall market volatility risk Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the investment balances and the amounts reported in the consolidated balance sheets

In previous years, Trinity's investments were classified as available for sale As such, unrealized gains and losses that were considered temporary were excluded from the excess of revenues, gains, and other support over expenses During the fiscal year 2014, Trinity determined that its entire investment portfolio was more accurately classified as trading, with unrealized gains and losses included in the excess of revenues, gains, and other support over expenses Unrealized gains and losses on temporarily restricted investments are reported as temporarily restricted net assets, as appropriate

Property and Equipment, Net

Property and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable assets ranging from 3 to 40 years, and is computed using the straight-line method Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated statements of operations

Pledges and Contributions

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

Deferred Financing Costs, Net

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

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Assets

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

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

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

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

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

Asset Retirement Obligation

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

Net Patient and Resident Service Revenue

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

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Other Revenue

Other operating revenue consists of pharmacy sales, a settlement with a vendor, cafeteria sales, medical equipment sales and rentals and real estate rentals Revenue from sales of pharmaceuticals, medical supplies and medical equipment is recognized at the time of delivery of the goods Revenue from the rental of real estate and medical equipment is recognized over the rental period

Nonoperating Gains (Losses)

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

Excess of Revenue, Gains and Support over Expenses

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

Income Taxes

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

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

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

Trinity's income tax returns are subject to review and examination by federal, state, and local authorities The tax returns for the years 2011 to 2013 are open to examination by federal, state, and local authorities

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Sales Taxes

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

Fair Value of Financial Instruments

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

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

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

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

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

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

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

Reclassifications

Certain items in the prior year consolidated financial statements have been reclassified to conform to the current year presentation These reclassifications had no effect on Trinity's overall net assets

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

In preparing these consolidated financial statements, Trinity has considered events and transactions that have occurred through September 19, 2014, the date the consolidated financial statements were available to be issued

NOTE 2 COMMUNITY SERVICE AND CHARITY CARE

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

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

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

Trinity maintains records to identify and monitor the level of charity care it provides Those records include the amount of charges foregone for services and supplies furnished under this charity care policy, and an estimated cost (based on the cost to charge ratio) of those services and supplies The estimated costs and expenses incurred to provide charity care for the years ended June 30, 2014 and 2013 was approximately $4,282,000 and $3,005,000, respectively

Trinity did not receive any funds to subsidize the costs of providing charity care under its financial assistance policy for the years ended June 30, 2014 and 2013

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

NOTE 2 COMMUNITY SERVICE AND CHARITY CARE (CONTINUED)

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

NOTE 3 NET PATIENT AND RESIDENT SERVICE REVENUE

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

Medicare

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

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

Trinity Hospital's and Trinity Kenmare Hospital's Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through June 30, 2012

Medicaid

Inpatient acute care services rendered under the Medicaid program are also paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Outpatient services rendered to Medicaid program beneficiaries are reimbursed primarily under a prospective payment category of service

Blue Cross

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

NOTE 3 NET PATIENT AND RESIDENT SERVICE REVENUE (CONTINUED)

Uninsured Patients

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 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 or provided by policy) On the basis of historical 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 uncollectible accounts related to uninsured patients in the period the services are provided

Other

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

Revenue from the Medicare and Medicaid programs accounted for approximately 30% and 7%, respectively, of the Trinity's net patient and resident service revenue for the fiscal year ended June 30, 2014 Revenue from the Medicare and Medicaid programs accounted for approximately 28% and 6%, respectively, of the Trinity's net patient and resident service revenue for the fiscal year ended June 30, 2013 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Patient and resident service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the period from these major payor sources, is as follows

	2014	2013
Patient and Resident Service Revenue (Net of Contractual Allowances and Discounts) from		
Third-Party Payors	$ 376,506,534	$ 362,487,211
Uninsured Patients	23,784,038	30,530,186
	400,290,572	393,017,397
Provision for Uncollectible Accounts	(46,989,713)	(30,388,213)
Net Patient and Resident Service Revenue Less Provision for Uncollectible Accounts	$ 353,300,859	$ 362,629,184

NOTE 4 PATIENT AND RESIDENT RECEIVABLES, NET

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

	2014	2013
Gross Patient and Resident Receivables	$ 196,987,151	$ 243,835,899
Allowance for Doubtful Accounts	(55,464,818)	(86,523,696)
Contractual Allowances and Discounts	(75,198,973)	(74,567,668)
Patient and Resident Receivables, Net	$ 66,323,360	$ 82,744,535

NOTE 5 INVESTMENTS AND ASSETS LIMITED AS TO USE

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

	2014	2013
Cash and Money Markets	$ 6,053,238	$ 6,062,919
Certificates of Deposit	2,068,794	2,148,283
Guaranteed Investment Contracts	7,751,158	7,748,984
Common Stock	4,098,153	3,693,330
Mutual Funds	16,618,074	14,418,430
U S Treasury Obligations	765,756	1,089,438
Government Backed Obligations	2,943,274	1,705,968
Corporate Obligations	2,468,779	2,271,921
Municipal Obligations	1,628,212	1,328,000
Real Estate Investment Trusts	602,920	681,348
Total Investments and Assets Limited as to Use	$ 44,998,358	$ 41,148,621

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

	2014	2013
Investments	$ 31,360,206	$ 27,673,126
Held by Trustee Under Bond Reserve Fund	7,873,036	7,815,504
Held by Trustee for Debt Service	5,765,116	5,659,991
Total Investments and Assets Limited as to Use	$ 44,998,358	$ 41,148,621

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

	2014	2013
Interest and Dividend Income	$ 1,444,562	$ 1,374,203
Realized Gains on Investments	1,031,029	290,733
Unrealized Gains on Investments	2,045,455	-
Total Investment Income	$ 4,521,046	$ 1,664,936

NOTE 6 PROPERTY AND EQUIPMENT, NET

Property and equipment at June 30 consisted of

	2014	2013
Land and Improvements	$ 12,203,592	$ 11,996,096
Buildings and Improvements	59,623,341	58,576,376
Fixed Equipment	73,233,781	72,484,409
Moveable Equipment	147,497,585	144,434,672
Construction in Progress	3,401,403	5,373,100
Gross Property and Equipment	295,959,702	292,864,653
Accumulated Depreciation	(198,556,644)	(186,293,315)
Property and Equipment, Net	$ 97,403,058	$ 106,571,338

Construction in progress at June 30, 2014 consists of costs associated with various remodeling projects and equipment upgrades that are planned to be completed in fiscal year 2015 The various remodeling projects and equipment upgrades are being funded through operating funds The estimated total costs of these projects are $2,016,000

Construction in progress at June 30, 2013 consisted of costs associated with software implementations, software upgrades, and other various remodeling projects and equipment upgrades that were completed in fiscal year 2014

Equipment Under Capital Lease

The cost of equipment acquired under capital lease was $11,590,505 at June 30, 2014 and the accumulated depreciation was $3,016,173 The cost of the equipment acquired under capital lease was $11,590,505 at June 30, 2013 and the accumulated depreciation was $947,477

NOTE 7 LONG-TERM DEBT

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

Description	2014	2013
Bonds Payable		
Loan payable to County of Ward, North Dakota (Health Care Facilities Revenue Bonds, Series 2006 Trinity Obligated Group), interest rate ranging from 5 00% to 5 25% with principal payments due annually beginning July 1, 2007 through 2029	$ 66,945,000	$ 69,965,000
Loan payable to County of Ward, North Dakota (Health Care Facilities Revenue Bonds, Series 1996 Trinity Obligated Group), interest rate ranging from 4 00% to 6 25% with principal payments due annually beginning July 1, 1997 through 2026	6,635,000	7,255,000
Notes Payable		
4 50% note payable with Bremer Bank, payable in monthly installments of $2,168, including interest, maturing in June 2016 with a balloon payment of $284,332, collateralized by real estate	307,060	318,774
5 00% note payable with Dakota Acres Partnership, payable in annual installments of $129,505, including interest, maturing in December 2018, collateralized by real estate	560,687	657,325
3 375% USDA Loan, interest only though May 2014, payable in monthly installments of $25,355 beginning June 2014 through May 2044, collateralized by real estate	5,490,114	5,469,162
Capital Lease Obligations		
Various Capital Lease Obligations with varying interest rates ranging from 2 793% to 4 493%, monthly principal and interest payments required through May 1, 2018, collateralized by the leased equipment	7,101,041	10,651,345
Total	87,038,902	94,316,606
Less Current Portion	(6,550,137)	(7,550,508)
Plus Bond Premium	2,152,921	2,296,449
Less Bond Discount	(25,481)	(31,479)
Long-Term Debt, Net of Current Portion	$ 82,616,205	$ 89,031,068

NOTE 7 LONG-TERM DEBT (CONTINUED)

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

Year Ending June 30,	Bonds Payable	Notes Payable	Obligations Under Capital Lease
2015	$ 3,840,000	$ 234,555	$ 2,673,883
2016	4,050,000	526,313	2,085,036
2017	4,270,000	241,122	1,612,928
2018	4,505,000	251,146	1,176,691
2019	3,475,000	261,602	-
Thereafter	53,440,000	4,843,123	-
Total	$ 73,580,000	$ 6,357,861	7,548,538
Less Amounts Representing Interest on Obligations Under Capital Leases			(447,497)
Total			$ 7,101,041

Restrictive Covenants

Under the terms of the Bond agreements, the Trinity Obligated Group, consisting of Trinity Health, Trinity Hospitals, Trinity Kenmare, and Trinity Homes, is required to maintain Debt Service Coverage during the life of the bonds of not less than 125%, so that the excess revenues (excluding depreciation and interest) is not less than 125% of the Maximum Annual Debt Service Management believes Trinity was in compliance with this Debt Service Coverage Ratio requirement at June 30, 2014

In addition, the Trinity Obligated Group is required to maintain a Funded Indebtedness Ratio of less than 65% The ratio is calculated as the Obligated Group total funded indebtedness divided by the Obligated Group total funded indebtedness and its total unrestricted net assets Management believes Trinity was in compliance with the Funded Indebtedness Ratio at June 30, 2014

Trinity Obligated Group is required to maintain Unrestricted Days Cash on Hand of 60 days Unrestricted Days Cash on Hand is calculated by taking the Obligated Group total operating cash divided by the Obligated Group expense per day (excluding depreciation and interest) Management believes Trinity was in compliance with the Days Cash on Hand requirement at June 30, 2014

NOTE 8 EMPLOYEE BENEFIT PLANS

Effective January 1, 1988, Trinity adopted the TriniPlus Retirement Plan, a discretionary defined contribution plan that covers substantially all employees Contributions and costs were determined as a percentage of each covered employee's estimated calendar-year salary and totaled $3,535,783 and $-0- for the years ended June 30, 2014 and 2013, respectively The board of directors voted in August 2013 to reduce Trinity's discretionary contribution to the TriniPlus Retirement Plan resulting in no expense for fiscal year 2013 Trinity follows IRC Section 401(k) provisions in the TriniPlus Retirement Plan, which also covers substantially all employees Matching contributions are limited to 25% of the first 6% contributed by the employee and were $2,193,171 and $2,141,007 for the years ended June 30, 2014 and 2013, respectively

NOTE 9 FUNCTIONAL EXPENSES

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

	2014	2013
Health Care Services	$ 340,332,158	$ 325,927,815
General and Administrative	44,299,161	42,072,097
Fundraising	576,056	910,466
Total Expenses	$ 385,207,375	$ 368,910,378

NOTE 10 RELATED PARTY TRANSACTIONS

During the years ended June 30, 2014 and 2013, Trinity paid approximately $243,000 and $256,000, respectively, for rental of certain facilities The rent was paid to Minot Town and Country Investors, LLC, which is owned by one of its board members

NOTE 11 CONCENTRATIONS OF CREDIT RISK

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

	2014	2013
Medicare	27 %	21 %
Medicaid	13	5
Blue Cross	19	16
Commercial Insurance	25	24
Self-Pay	16	34
Total	100 %	100 %

NOTE 11 CONCENTRATIONS OF CREDIT RISK (CONTINUED)

FDIC Coverage

Trinity has from time to time deposits in excess of Federal Depository Insurance Corporation limits Management believes any credit risk related to these deposits is minimal

NOTE 12 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair Value Measurements

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

2014	Level 1	Level 2	Level 3	Total
Investments and Assets Limited to Use				
Common Stock	$ 4,098,153	$ -	$ -	$ 4,098,153
Mutual Funds	16,618,074	-	-	16,618,074
U S Treasury Obligations	765,756	-	-	765,756
Government Backed Obligations	2,943,274	-	-	2,943,274
Corporate Obligations	-	2,468,779	-	2,468,779
Municipal Obligations	-	1,628,212	-	1,628,212
Real Estate Investment Trusts	-	-	602,920	602,920
Total Assets Measured at Fair Value	$ 24,425,257	$ 4,096,991	$ 602,920	$ 29,125,168

2013	Level 1	Level 2	Level 3	Total
Investments and Assets Limited to Use				
Common Stock	$ 3,693,330	$ -	$ -	$ 3,693,330
Mutual Funds	14,418,430	-	-	14,418,430
U S Treasury Obligations	1,089,438	-	-	1,089,438
Government Backed Obligations	1,705,968	-	-	1,705,968
Corporate Obligations	-	2,271,921	-	2,271,921
Municipal Obligations	-	1,328,000	-	1,328,000
Real Estate Investment Trusts	-	-	681,348	681,348
Total Assets Measured at Fair Value	$ 20,907,166	$ 3,599,921	$ 681,348	$ 25,188,435

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

Real Estate Investment Trusts	2014	2013
Beginning Balance	$ 681,348	$ 740,060
Change in Value	(78,428)	(58,712)
Ending Balance	$ 602,920	$ 681,348

NOTE 12 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

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

The following disclosures represent financial instruments in which the ending balances at June 30, 2014 and 2013, are not carried at fair value in their entirety on the consolidated balance sheets

	2014		2013	
	Carrying	Estimated	Carrying	Estimated
Financial Assets	Value	Fair Value	Value	Fair Value
Long-Term Debt	$ 87,038,902	$ 89,027,730	$ 94,316,606	$ 96,482,298

The fair value of Trinity's health care revenue bonds is calculated based on the estimated trade values as of June 30, 2014 and 2013 The fair value of Trinity's remaining long-term debt is estimated using discounted cash flows analyses, based on Trinity's current incremental borrowing rates for similar types of borrowing arrangements

NOTE 13 RESTRICTED NET ASSETS

Temporarily Restricted

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

	Temporarily Restricted Net Assets 7/1/2013	Additions	Released	Temporarily Restricted Net Assets 6/30/2014
Cancer Center	$ 308,820	$ 86,652	$ (2,802)	$ 392,670
Hospice	1,108,769	142,525	(4,451)	1,246,843
Guest House	694,136	148,784	(4,727)	838,193
Transitional Care	350,307	24,991	-	375,298
Radiation Therapy Oncology	363,353	118,188	(82,576)	398,965
Ruth Bodien	286,972	22,080	-	309,052
Trinity Nursing Home	295,506	22,067	-	317,573
Pharmacy Education Program	280,407	20,004	-	300,411
All Other Temp Restricted	3,249,806	1,127,553	(1,637,501)	2,739,858
	$ 6,938,076	$ 1,712,844	$ (1,732,057)	$ 6,918,863

NOTE 13 RESTRICTED NET ASSETS (CONTINUED)

Temporarily Restricted (Continued)

	Temporarily Restricted Net Assets 7/1/2012	Additions	Released	Temporarily Restricted Net Assets 6/30/2013
Cancer Center	$ 3,763,288	$ 38,955	$ (3,493,423)	$ 308,820
Hospice	1,024,307	88,560	(4,098)	1,108,769
Guest House	564,253	131,110	(1,227)	694,136
Transitional Care	333,962	16,345	-	350,307
Radiation Therapy Oncology	321,774	67,314	(25,735)	363,353
Ruth Bodien	270,849	16,123	-	286,972
Nursing Call System	304,811	-	(304,811)	-
Trinity Nursing Home	280,340	15,166	-	295,506
Pharmacy Education Program	265,344	15,063	-	280,407
All Other Temp Restricted	3,299,280	260,279	(309,753)	3,249,806
	$ 10,428,208	$ 648,915	$ (4,139,047)	$ 6,938,076

Permanently Restricted

Trinity's permanently restricted net assets consist of individual funds established for a variety of purposes The endowments consist solely of donor restricted funds with endowment net assets of $128,046 and $100,308 at June 30, 2014 and 2013, respectively As required by GAAP, net assets associated with endowment funds, including funds designated by the board of directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

Interpretation of Relevant Law

The Uniform Prudent Management of Institutional Funds Act (UPMIFA) was adopted by the state of North Dakota on April 21, 2009 The Board of Directors of Trinity has interpreted the North Dakota state law 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 restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund 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 Trinity 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 endowment funds

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

NOTE 13 RESTRICTED NET ASSETS (CONTINUED)

Endowment Net Assets

The following are the changes in endowment net assets for the years ended June 30, 2014 and 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at July 1, 2012	$ -	$ -	$ 100,308	$ 100,308
Investment Return	-	5,432	-	5,432
Balance at June 30, 2013	-	5,432	100,308	105,740
Investment Return	-	8,525	-	8,525
Restricted Contribution	-	-	19,211	19,211
Balance at June 30, 2014	$ -	$ 13,957	$ 119,519	$ 133,476

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the Act requires Trinity to retain as a fund of perpetual duration In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets There were no such deficiencies as of June 30, 2014 and 2013

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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 meets Trinity's long-term rate-of-return objective while avoiding undue risk from imprudent concentration in any single asset class or investment vehicle

NOTE 13 RESTRICTED NET ASSETS (CONTINUED)

Spending Policy and How the Investment Objectives Relate to Spending Policy

Trinity's spending policy is consistent with its objective of preservation of the fair value of the original gift of the endowment assets held in perpetuity as well as to provide additional real growth through new gifts and investment return

NOTE 14 COMMITMENTS AND CONTINGENCIES

Leases

The following is a schedule by year for the next five years of future minimum lease payments under operating leases as of June 30, 2014 that have initial or remaining terms in excess of one year

Year Ending June 30,	Amount
2015	$ 4,936,424
2016	3,599,371
2017	2,384,032
2018	2,216,829
2019	1,792,052
Total	$ 14,928,708

Total rent expense for the years ended June 30, 2014 and 2013 was approximately $6,053,000 and $7,596,000, respectively Trinity has a letter of credit in the amount of $255,000 outstanding that is required under terms of a building lease agreement

Professional Liability Insurance

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

Employee Health Insurance

Trinity maintains a self-insured employee health benefit program Individual loss insurance of $250,000 at June 30, 2014 is purchased through an insurance company Estimated unprocessed claims and claims incurred but not reported at June 30, 2014 and 2013 were approximately $1,742,000 and have been recorded on the consolidated balance sheets in other accrued expenses

NOTE 14 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Litigation

Trinity is involved in various legal actions in the normal course of business The actions are in various stages of processing, and some may ultimately be brought to trial As of June 30, 2014 and 2013, management has estimated and recorded a liability reserve for a range of potential costs associated with these legal actions, included in accounts payable on the consolidated balance sheet Management believes the resolutions of these various matters will be resolved without a material adverse effect on the consolidated financial statements

In December 2013, Trinity had a settlement with a vendor in arbitration The arbitrator awarded Trinity a material settlement which has been received and recorded in other operating revenues

Healthcare Legislation and Regulation

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

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

NOTE 15 PRIOR PERIOD ADJUSTMENTS

During the year ended June 30, 2014, Trinity corrected classification errors in its beginning unrestricted, temporarily, and permanently restricted net assets Beginning unrestricted net assets decreased $2,913,195 due to the reclassification There was no change to overall net assets

CliftonLarsonAllen LLP
CLAconnect com

CliftonLarsonAllen

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Directors
Trinity Health and Subsidiaries
Minot, North Dakota

We have audited the consolidated financial statements of Trinity Health and Subsidiaries as of and for the years ended June 30, 2014 and 2013, and have issued our report thereon dated September 19, 2014, which contained an unmodified opinion on those consolidated financial statements Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating balance sheets and consolidated statements of operations are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 19, 2014

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET
JUNE 30, 2014

ASSETS	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmare Hospitals	Total Obligated Group
CURRENT ASSETS					
Cash and Cash Equivalents	$ 1,191,483	$ 59,228,852	$ 25,998	$ 5,190,383	$ 65,636,716
Current Portion of Assets Limited as to Use	5,765,116	-	-	-	5,765,116
Accounts Receivable					
Patient and Resident, Net	12,785,294	49,939,709	1,269,532	408,404	64,402,939
Other, Net	2,220,841	265,830	-	-	2,486,671
Accrued Interest	-	5,597	370	370	6,337
Inventories	748,553	6,604,218	36,178	31,200	7,420,149
Prepaid Expenses	13,653	2,194,818	-	1,743	2,210,214
Total Current Assets	22,724,940	118,239,024	1,332,078	5,632,100	147,928,142
ASSETS LIMITED AS TO USE					
Held by Trustee Under Bond Reserve Fund	7,873,036	-	-	-	7,873,036
Held by Trustee for Debt Service	5,765,116	-	-	-	5,765,116
Total Assets Limited as to Use	13,638,152	-	-	-	13,638,152
Less Amount Required to Meet Certain Obligations	(5,765,116)	-	-	-	(5,765,116)
Noncurrent Assets Limited as to Use	7,873,036	-	-	-	7,873,036
INVESTMENTS	14,823,599	1,324,717	362,883	362,883	16,874,082
PROPERTY AND EQUIPMENT, NET	34,632,580	55,878,499	2,968,042	1,050,301	94,529,422
OTHER ASSETS					
Deferred Financing Costs, Net	770,967	-	-	-	770,967
Long-Term Deposits	-	587,270	-	-	587,270
Other Assets	-	50,000	-	-	50,000
Total Other Assets	770,967	637,270	-	-	1,408,237
Total Assets	$ 80,825,122	$ 176,079,510	$ 4,663,003	$ 7,045,284	$ 268,612,919

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ 292,750	$ 1,671,603	$ 1,367,675	$ 456,931	$ -	$ 69,425,675
-	-	-	-	-	5,765,116
-	706,875	281,149	932,397	-	66,323,360
197,831	-	-	260,136	-	2,944,638
23,641	-	-	-	-	29,978
-	604,666	15,372	907,732	-	8,947,919
-	-	18,584	-	-	2,228,798
514,222	2,983,144	1,682,780	2,557,196	-	155,665,484
-	-	-	-	-	7,873,036
-	-	-	-	-	5,765,116
-	-	-	-	-	13,638,152
-	-	-	-	-	(5,765,116)
-	-	-	-	-	7,873,036
14,486,124	-	-	-	-	31,360,206
1,915,516	839	468,762	488,519	-	97,403,058
-	-	-	-	-	770,967
-	-	-	-	-	587,270
-	-	-	-	-	50,000
-	-	-	-	-	1,408,237
$ 16,915,862	$ 2,983,983	$ 2,151,542	$ 3,045,715	$ -	$ 293,710,021

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET (CONTINUED)
JUNE 30, 2014

LIABILITIES AND NET ASSETS	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmore Hospitals	Total Obligated Group
CURRENT LIABILITIES					
Current Portion of Long-Term Debt	$ 3,840,000	$ 2,596,408	$ -	$ -	$ 6,436,408
Accounts Payable	1,163,901	12,910,228	241,322	338,245	14,653,696
Accrued Expenses					
Salaries, Wages and Payroll Taxes	7,767,628	8,647,484	224,097	-	16,639,209
Vacation and Sick Pay	149	6,358,818	47,915	3,289	6,410,171
Interest	1,925,116	-	-	-	1,925,116
Other Expenses	4,335,895	179,712	155,554	1,809	4,672,970
Estimated Third-Party Payor Settlements	-	4,516,000	-	-	4,516,000
Estimated Professional Malpractice Liability	263,000	330,000	175,000	-	768,000
Total Current Liabilities	19,295,689	35,538,650	843,888	343,343	56,021,570
LONG-TERM LIABILITIES					
Long-Term Debt, Net of Current Portion	71,867,440	9,994,747	-	-	81,862,187
Asset Retirement Obligation	8,737,740	-	-	-	8,737,740
Total Long-Term Liabilities	80,605,180	9,994,747	-	-	90,599,927
Total Liabilities	99,900,869	45,533,397	843,888	343,343	146,621,497
NET ASSETS					
Unrestricted	(19,075,747)	130,546,113	3,819,115	6,701,941	121,991,422
Temporarily Restricted	-	-	-	-	-
Permanently Restricted	-	-	-	-	-
Total Net Assets	(19,075,747)	130,546,113	3,819,115	6,701,941	121,991,422
Total Liabilities and Net Assets	$ 80,825,122	$ 176,079,510	$ 4,663,003	$ 7,045,284	$ 268,612,919

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ 101,470	$ -	$ -	$ 12,259	$ -	$ 6,550,137
15,204	142,772	15,419	402,322	-	15,229,413
-	-	69,485	-	-	16,708,694
-	-	92,932	-	-	6,503,103
-	-	-	-	-	1,925,116
-	30,000	9,390	-		4,712,360
-	-	-	-	-	4,516,000
-	-	-	-	-	768,000
116,674	172,772	187,226	414,581	-	56,912,823
459,217	-	-	294,801	-	82,616,205
-	-	-	-	-	8,737,740
459,217	-	-	294,801	-	91,353,945
575,891	172,772	187,226	709,382	-	148,266,768
9,301,589	2,811,211	1,964,316	2,336,333	-	138,404,871
6,918,863	-	-	-	-	6,918,863
119,519	-	-	-	-	119,519
16,339,971	2,811,211	1,964,316	2,336,333	-	145,443,253
$ 16,915,862	$ 2,983,983	$ 2,151,542	$ 3,045,715	$ -	$ 293,710,021

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET
JUNE 30, 2013

ASSETS	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmore Hospitals	Total Obligated Group
CURRENT ASSETS					
Cash and Cash Equivalents	$ 1,042,276	$ 21,736,135	$ 29,573	$ 1,870,916	$ 24,678,900
Current Portion of Assets Limited as to Use	5,659,991	-	-	-	5,659,991
Accounts Receivable					
Patient and Resident, Net	8,137,926	68,613,363	2,754,285	764,961	80,270,535
Other, Net	2,666,161	320,443	-	-	2,986,604
Due from Affiliates	294,781,953	902,229,658	12,106,782	12,125,195	1,221,243,588
Accrued Interest	-	7,078	615	615	8,308
Estimate Third-Party Payer Settlements	-	-	-	149,000	149,000
Inventories	683,452	7,470,663	32,043	41,325	8,227,483
Prepaid Expenses	13,807	1,966,738	18,467	1,500	2,000,512
Total Current Assets	312,985,566	1,002,344,078	14,941,765	14,953,512	1,345,224,921
ASSETS LIMITED AS TO USE					
Held by Trustee Under Bond Reserve Fund	7,815,504	-	-	-	7,815,504
Held by Trustee for Debt Service	5,659,991	-	-	-	5,659,991
Investments Pledged by Foundation	5,500,000	-	-	-	5,500,000
Total Assets Limited as to Use	18,975,495	-	-	-	18,975,495
Less Amount Required to Meet Certain Obligations	(5,659,991)	-	-	-	(5,659,991)
Noncurrent Assets Limited as to Use	13,315,504	-	-	-	13,315,504
INVESTMENTS	12,998,285	1,311,012	361,487	361,487	15,032,271
PROPERTY AND EQUIPMENT, NET	33,245,692	66,380,922	2,970,700	1,050,527	103,647,841
OTHER ASSETS					
Deferred Financing Costs, Net	830,095	-	-	-	830,095
Long-Term Deposits	-	1,040,416	-	-	1,040,416
Other Assets	-	50,000	-	-	50,000
Total Other Assets	830,095	1,090,416	-	-	1,920,511
Total Assets	$ 373,375,142	$ 1,071,126,428	$ 18,273,952	$ 16,365,526	$ 1,479,141,048

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ 168,632	$ 482,623	$ 815,788	$ 356,441	$ -	$ 26,502,384
-	-	-	-	-	5,659,991
-	670,451	730,325	1,073,224	-	82,744,535
235,912	-	-	378,656	-	3,601,172
4,274,372	-	-	13,327,249	(1,238,845,209)	-
28,411	-	-	-	-	36,719
-	-	-	-	-	149,000
-	438,999	12,098	816,359	-	9,494,939
-	-	13,417	-	-	2,013,929
4,707,327	1,592,073	1,571,628	15,951,929	(1,238,845,209)	130,202,669
-	-	-	-	-	7,815,504
-	-	-	-	-	5,659,991
-	-	-	-	(5,500,000)	-
-	-	-	-	(5,500,000)	13,475,495
-	-	-	-	-	(5,659,991)
-	-	-	-	(5,500,000)	7,815,504
12,640,855	-	-	-	-	27,673,126
1,884,473	6,545	484,357	548,122	-	106,571,338
-	-	-	-	-	830,095
-	-	-	-	-	1,040,416
-	-	-	-	-	50,000
-	-	-	-	-	1,920,511
$ 19,232,655	$ 1,598,618	$ 2,055,985	$ 16,500,051	$ (1,244,345,209)	$ 274,183,148

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING BALANCE SHEET (CONTINUED)
JUNE 30, 2013

LIABILITIES AND NET ASSETS	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmore Hospitals	Total Obligated Group
CURRENT LIABILITIES					
Current Portion of Long-Term Debt	$ 3,640,000	$ 3,802,156	$ -	$ -	$ 7,442,156
Accounts Payable	747,514	36,543,995	208,423	285,357	37,785,289
Due to Affiliates	455,398,225	717,787,471	25,593,369	22,549,498	1,221,328,563
Accrued Expenses					
Salaries, Wages and Payroll Taxes	6,864,901	9,023,483	-	713	15,889,097
Vacation and Sick Pay	149	5,941,935	53,925	3,289	5,999,298
Interest	2,019,991	-	-	-	2,019,991
Other Expenses	3,836,912	179,551	27,498	1,434	4,045,395
Estimated Third-Party Payor Settlements	-	2,603,000	-	-	2,603,000
Estimated Professional Malpractice Liability	230,000	289,000	153,000	-	672,000
Total Current Liabilities	472,737,692	776,170,591	26,036,215	22,840,291	1,297,784,789
LONG-TERM LIABILITIES					
Long-Term Debt, Net of Current Portion	75,844,970	12,318,351	-	-	88,163,321
Asset Retirement Obligation	8,553,400	-	-	-	8,553,400
Total Long-Term Liabilities	84,398,370	12,318,351	-	-	96,716,721
Total Liabilities	557,136,062	788,488,942	26,036,215	22,840,291	1,394,501,510
NET ASSETS					
Unrestricted	(183,760,920)	282,637,486	(7,762,263)	(6,474,765)	84,639,538
Temporarily Restricted	-	-	-	-	-
Permanently Restricted	-	-	-	-	-
Total Net Assets	(183,760,920)	282,637,486	(7,762,263)	(6,474,765)	84,639,538
Total Liabilities and Net Assets	$ 373,375,142	$ 1,071,126,428	$ 18,273,952	$ 16,365,526	$ 1,479,141,048

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ 96,638	$ -	$ -	$ 11,714	$ -	$ 7,550,508
1,648	49,463	75,892	303,273	-	38,215,565
3,752,640	5,402	-	13,758,604	(1,238,845,209)	-
-	-	77,801	-	-	15,966,898
-	-	92,088	-	-	6,091,386
-	-	-	-	-	2,019,991
5,500,000	-	8,000	-	(5,500,000)	4,053,395
-	-	-	-	-	2,603,000
-	-	-	-	-	672,000
9,350,926	54,865	253,781	14,073,591	(1,244,345,209)	77,172,743
560,687	-	-	307,060	-	89,031,068
-	-	-	-	-	8,553,400
560,687	-	-	307,060	-	97,584,468
9,911,613	54,865	253,781	14,380,651	(1,244,345,209)	174,757,211
2,282,658	1,543,753	1,802,204	2,119,400	-	92,387,553
6,938,076	-	-	-	-	6,938,076
100,308	-	-	-	-	100,308
9,321,042	1,543,753	1,802,204	2,119,400	-	99,425,937
$ 19,232,655	$ 1,598,618	$ 2,055,985	$ 16,500,051	$ (1,244,345,209)	$ 274,183,148

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF OPERATIONS
YEAR ENDED JUNE 30, 2014

	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmare Hospitals	Total Obligated Group
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT					
Net Patient and Resident Service Revenue (Net of Contractual Allowances and Discounts)	$ 98,762,794	$ 256,299,002	$ 20,525,524	$ 4,523,305	$ 380,110,625
Provision for Uncollectible Accounts	(9,754,704)	(35,590,191)	(1,644,818)	-	(46,989,713)
Net Patient and Resident Service Revenue Less Provision for Uncollectible Accounts	89,008,090	220,708,811	18,880,706	4,523,305	333,120,912
Other Operating Revenue	1,016,603	72,202,722	402,218	31,537	73,653,080
Total Unrestricted Revenues, Gains, and Other Support	90,024,693	292,911,533	19,282,924	4,554,842	406,773,992
EXPENSES					
Salaries and Wages	84,910,673	83,354,962	12,557,214	3,078,108	183,900,957
Employee Benefits and Payroll Taxes	9,944,004	13,444,101	2,625,981	653,223	26,667,309
Drugs and Supplies	4,182,062	54,291,665	2,011,982	263,035	60,748,744
Purchased Services and Professional Fees	10,235,311	31,140,740	3,309,593	177,136	44,862,780
Maintenance, Equipment Rental and Utilities	5,282,091	13,088,881	721,191	239,959	19,332,122
Insurance	886,499	1,169,240	144,597	8,493	2,208,829
Other Operating Expenses	2,474,115	6,093,463	61,695	60,718	8,689,991
Depreciation and Amortization	2,784,602	10,573,462	393,863	114,216	13,866,143
Interest	384,785	4,070,510	244,649	-	4,699,944
Total Expenses	121,084,142	217,227,024	22,070,765	4,594,888	364,976,819
OPERATING INCOME (LOSS)	(31,059,449)	75,684,509	(2,787,841)	(40,046)	41,797,173
NONOPERATING GAINS (LOSSES)					
Investment Income (Loss)	2,649,869	(50,390)	10	1,546	2,601,035
Loss on Disposal of Property and Equipment	-	(1,141,625)	-	-	(1,141,625)
Other Nonoperating Gains (Losses)	(76,591)	-	212,500	160	136,069
Total Nonoperating Gains	2,573,278	(1,192,015)	212,510	1,706	1,595,479
EXCESS (DEFICIT) OF SUPPORT AND REVENUE OVER EXPENSES	(28,486,171)	74,492,494	(2,575,331)	(38,340)	43,392,652
INTERCOMPANY TRANSFERS	193,171,344	(226,583,867)	14,156,709	13,215,046	(6,040,768)
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 164,685,173	$ (152,091,373)	$ 11,581,378	$ 13,176,706	$ 37,351,884

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ -	$ 5,648,330	$ 2,299,175	$ 14,021,045	$ (1,788,603)	$ 400,290,572
-	-	-	-	-	(46,989,713)
-	5,648,330	2,299,175	14,021,045	(1,788,603)	353,300,859
1,020	69,454	26,219	10,002	-	73,759,775
1,020	5,717,784	2,325,394	14,031,047	(1,788,603)	427,060,634
136,806	540,514	1,372,265	1,938,384	-	187,888,926
27,871	85,516	278,186	429,505	-	27,488,387
319,538	4,297,856	108,446	10,469,685	-	75,944,269
42,472	403,050	23,387	793,500	(1,788,603)	44,336,586
7,360	19,663	171,078	111,443	-	19,641,666
-	-	39,561	1,869	-	2,250,259
35,929	79,295	49,996	(17,026)	-	8,838,185
6,080	5,706	121,856	58,183	-	14,057,968
46,883	-	-	14,302	-	4,761,129
622,939	5,431,600	2,164,775	13,799,845	(1,788,603)	385,207,375
(621,919)	286,184	160,619	231,202	-	41,853,259
1,881,977	-	1,493	36,541	-	4,521,046
-	-	-	-	-	(1,141,625)
648,569	-	-	-	-	784,638
2,530,546	-	1,493	36,541	-	4,164,059
1,908,627	286,184	162,112	267,743	-	46,017,318
5,110,304	981,274	-	(50,810)	-	-
$ 7,018,931	$ 1,267,458	$ 162,112	$ 216,933	$ -	$ 46,017,318

TRINITY HEALTH AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF OPERATIONS
YEAR ENDED JUNE 30, 2013

	Trinity Health	Trinity Hospitals	Trinity Homes	Trinity Kenmore Hospitals	Total Obligated Group
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT					
Net Patient and Resident Service Revenue (Net of Contractual Allowances and Discounts)	$ 93,674,333	$ 256,522,816	$ 18,443,698	$ 5,435,745	$ 374,076,592
Provision for Uncollectible Accounts	(5,927,245)	(23,904,846)	(38,157)	(305,762)	(30,176,010)
Net Patient and Resident Service Revenue Less Provision for Uncollectible Accounts	87,747,088	232,617,970	18,405,541	5,129,983	343,900,582
Other Operating Revenue	1,519,721	3,510,976	1,099,935	26,713	6,157,345
Total Unrestricted Revenues, Gains, and Other Support	89,266,809	236,128,946	19,505,476	5,156,696	350,057,927
EXPENSES					
Salaries and Wages	77,335,338	88,826,076	11,454,145	2,902,500	180,518,059
Employee Benefits and Payroll Taxes	5,481,252	15,028,140	2,176,608	522,112	23,208,112
Drugs and Supplies	2,729,327	53,334,476	1,629,121	268,225	57,961,149
Purchased Services and Professional Fees	8,049,651	30,649,783	3,108,113	207,130	42,014,677
Maintenance, Equipment Rental and Utilities	5,137,302	11,788,450	689,297	217,339	17,832,388
Insurance	844,282	893,224	150,847	10,909	1,899,262
Other Operating Expenses	2,634,164	6,363,149	62,285	35,823	9,095,421
Depreciation and Amortization	2,036,034	11,209,930	417,340	111,876	13,775,180
Interest	427,604	3,845,119	266,900	-	4,539,623
Total Expenses	104,674,954	221,938,347	19,954,656	4,275,914	350,843,871
OPERATING INCOME (LOSS)	(15,408,145)	14,190,599	(449,180)	880,782	(785,944)
NONOPERATING GAINS (LOSSES)					
Investment Income	1,057,569	18,218	-	-	1,075,787
Gain on Disposal of Property and Equipment	324,608	673,732	-	-	998,340
Other Nonoperating Gains (Losses)	(101,092)	643,185	675,000	405	1,217,498
Total Nonoperating Gains	1,281,085	1,335,135	675,000	405	3,291,625
EXCESS (DEFICIT) OF SUPPORT AND REVENUE OVER EXPENSES	(14,127,060)	15,525,734	225,820	881,187	2,505,681
CHANGE IN NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	1,138,839	(67,148)	-	-	1,071,691
NET ASSETS RELEASED FROM RESTRICTION - CAPITAL	-	3,500,817	-	-	3,500,817
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (12,988,221)	$ 18,959,403	$ 225,820	$ 881,187	$ 7,078,189

Trinity Health Foundation	B&B Drug	Community Ambulance Service	MAOPS	Eliminations	Consolidated
$ -	$ 5,337,233	$ 2,244,610	$ 13,291,730	$ (1,932,768)	$ 393,017,397
-	(35,231)	-	(176,972)	-	(30,388,213)
-	5,302,002	2,244,610	13,114,758	(1,932,768)	362,629,184
40,646	125,640	18,421	6,164	-	6,348,216
40,646	5,427,642	2,263,031	13,120,922	(1,932,768)	368,977,400
118,087	537,820	1,265,227	1,852,435	-	184,291,628
17,376	86,288	235,216	334,233	-	23,881,225
711,650	4,198,357	117,823	9,851,654	(250,000)	72,590,633
39,321	25,424	24,536	16,577	(1,932,768)	40,187,767
128	16,959	136,228	125,282	-	18,110,985
-	250	36,997	2,772	-	1,939,281
21,941	43,175	48,500	118,860	-	9,327,897
1,963	11,451	154,706	46,576	-	13,989,876
37,468	-	-	13,995	-	4,591,086
947,934	4,919,724	2,019,233	12,362,384	(2,182,768)	368,910,378
(907,288)	507,918	243,798	758,538	250,000	67,022
585,503	-	3,646	-	-	1,664,936
-	-	-	-	-	998,340
530,403	-	-	-	(250,000)	1,497,901
1,115,906	-	3,646	-	(250,000)	4,161,177
208,618	507,918	247,444	758,538	-	4,228,199
609,599	-	-	-	-	1,681,290
-	-	-	-	-	3,500,817
$ 818,217	$ 507,918	$ 247,444	$ 758,538	$ -	$ 9,410,306

CliftonLarsonAllen LLP
CLAconnect com

CliftonLarsonAllen

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Trinity Health and Subsidiaries
Minot, North Dakota

We have audited the consolidated financial statements of Trinity Health and Subsidiaries, as of and for the year ended June 30, 2014, and have issued our report thereon dated September 19, 2014 We conducted our audit in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Trinity Health and Subsidiaries internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Trinity Health and Subsidiaries internal control Accordingly, we do not express an opinion on the effectiveness of Trinity Health and Subsidiaries internal control

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified However, as described in the accompanying schedule of findings, we identified certain deficiencies in internal control that we considered to be material weaknesses and a significant deficiency

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis We consider deficiencies described in the accompanying schedule of findings listed as 2014-1 and 2014-2 to be material weaknesses

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance We consider the deficiency described in the accompanying schedule of findings listed as 2014-3 to be a significant deficiency

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Trinity Health and Subsidiaries consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of the consolidated financial statement amounts However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion The results of our tests disclosed no instances of noncompliance or other matters that are required to be reports under *Government Auditing Standards*

Trinity Health Response to Findings

Trinity Health and Subsidiaries responses to the findings identified in our audit are described in the accompanying schedule of findings Trinity Health and Subsidiaries responses were not subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we express no opinion on it

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of Trinity Health and Subsidiaries internal control or compliance This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Trinity Health and Subsidiaries internal control and compliance Accordingly, this communication is not suitable for any other purpose

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 19, 2014

TRINITY HEALTH AND SUBSIDIARIES
SCHEDULE OF FINDINGS
JUNE 30, 2014

2014-1 Foundation Net Assets

In recent years the Foundation has had changes in the director position and as a result of having a "new set of eyes" on the books there have been material adjustments recorded to the classification of net assets in the consolidated financial statements As a result of these changes there was a prior period adjustment recorded to the classification of net assets on the Foundation's books We recommend the Foundation do a thorough review of the individual fund balances on a monthly or quarterly basis to verify that they are accurately recorded

Management Response

The organization continues to work through the individual fund balances to properly classify them on a go forward basis

2014-2 Community Ambulance Services

It was noted the Executive Director of Community Ambulance Services (CAS) has access to the check stock, the authorization to sign checks, the ability to record disbursements, and performs the monthly bank reconciliations It was also noted the Director has the ability to record journal entries and that there is no formal review of these entries We recommend these duties be segregated to mitigate the risk of CAS's assets being misappropriated

Management Response

The organization continues to work with Community Ambulance Services to fully integrate and thus mitigate internal control weaknesses

2014-3 Cash Receipts Processes

During the year, the organization had us conduct a limited cash receipts assessment where we noted some observations to improve the segregation of duties related to the cash receipts processes We recommend the organization establish safe and accurate cash handling processes for financial counselors and establish a safe transportation process for the daily point-of-service cash receipts We also recommend the organization implement secure processes for daily point-of-service ER cash receipts and patient valuable items maintained for patients We also recommend the organization segregate duties of the accountant responsible for the accounting of miscellaneous cash receipts

Management Response

The organization continues to work through its cash handling processes by exploring banking tools that have evolved in recent years