

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2016

For calendar year 2016 or other tax year beginning , and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(03); C Book value of all assets at end of year 25,226,807; D Employer identification number 45-3791448; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of BRENT FEICKERT, CFO Telephone number 515-574-6608

Part I Unrelated Trade or Business Income table header and first row (1a Gross receipts or sales 0).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 1,000. Unrelated business taxable income 0.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. TRIMARK PHYSICIANS GROUP	Employer identification number (EIN) or 45-3791448
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 802 KENYON RD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT DODGE, IA 50501	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRENT FEICKERT, CFO

• The books are in the care of ▶ **802 KENYON RD - FORT DODGE, IA 50501**
Telephone No. ▶ **515-574-6608** Fax No. ▶ **515-573-8710**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ 0. (2) \$ 0. (3) \$ 0.
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.
(2) Additional 3% tax (not more than \$100,000) \$ 0.
c Income tax on the amount on line 34 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
[] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42 0.
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 43
44 Total tax. Add lines 42 and 43 44 0.
45a Payments: A 2015 overpayment credited to 2016 45a
b 2016 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.**

OMB No. 1545-0123

Name TRIMARK PHYSICIANS GROUP	Employer identification number 45-3791448
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Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending DECEMBER 31, 2015, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. **N/A**

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

613335 04-01-16 JWA

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	TRIMARK PHYSICIANS GROUP	16-12	0.	0.	0.	0.	0.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION	16-12	0.	0.	2,513.		2,513.	
3	BELCREST SERVICES LTD	16-12	0.	0.	0.	0.	0.	
4	BROADBAND, INC.	16-12	0.	0.	0.	0.	0.	
5	CENTRAL IOWA HOSPITAL CORPORATION	16-12	50,000.	25,000.	1,110,755.		1,185,755.	
6	HCP CORPORATION	16-12	0.	0.	27,974.		27,974.	
7	HEALTH PLUS INC	16-12	0.	0.	0.	0.	0.	
8	HNC SERVICES	16-12	0.	0.	0.	0.	0.	
9	IOWA HEALTH FOUNDATION	16-12	0.	0.	0.	0.	0.	
10	IOWA HEALTH SYSTEM	16-12	0.	0.	0.	0.	0.	
11	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	16-12	0.	0.	71.		71.	
12	MEDIMORE, INC.	16-12	0.	0.	0.	0.	0.	
Total			50,000.	25,000.	2,394,403.		2,469,403.	

Schedule O (Form 1120) (Rev. 12-2012)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))	
1	MERITER HEALTH SERVICES, INC. 39-1412318	16-12	0.	0.	839,297.		839,297.	
2	MERITER HOSPITAL, INC. 39-0806367	16-12	0.	0.	11,674.		11,674.	
3	MERITER MANAGEMENT SERVICES, INC. 39-1458235	16-12	0.	0.	0.		0.	
4	METHODIST HEALTH VENTURES, INC. 37-1140939	16-12	0.	0.	0.		0.	
5	METHODIST MEDICAL CENTER OF ILLINOIS 37-0661223	16-12	0.	0.	0.		0.	
6	METHODIST SERVICES, INC. 37-1111134	16-12	0.	0.	0.		0.	
7	NORTHWEST IOWA HOSPITAL CORPORATION 42-1019872	16-12	0.	0.	8,266.		8,266.	
8	PHYSICIANS PLUS INSURANCE CORPORATION 39-1565691	16-12	0.	0.	0.		0.	
9	PRECEDENCE, INC. 37-1288604	16-12	0.	0.	94,066.		94,066.	
10	PROCTOR HOSPITAL 37-0681540	16-12	0.	0.	1,427.		1,427.	
11	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	16-12	0.	0.	0.		0.	
12	ST. LUKE'S METHODIST HOSPITAL 42-0504780	16-12	0.	0.	0.		0.	
Total								

Schedule O (Form 1120) (Rev. 12-2012)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	STL HEALTH RESOURCES CO. 42-1193499	16-12	0.	0.	47,628.		47,628.	
2	THE FINLEY HOSPITAL 42-0680354	16-12	0.	0.	14,738.		14,738.	
3	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 36-3678909	16-12	0.	0.	0.		0.	
4	TRINITY HEALTH ENTERPRISES, INC. 36-3320141	16-12	0.	0.	0.		0.	
5	TRINITY HEALTH SYSTEMS, INC. 42-1222877	16-12	0.	0.	0.		0.	
6	TRINITY MEDICAL CENTER 36-2739299	16-12	0.	0.	0.		0.	
7	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD. 36-3924720	16-12	0.	0.	159,770.		159,770.	
8	TRINITY REGIONAL MEDICAL CENTER 42-1009175	16-12	0.	0.	0.		0.	
9	UNITYPOINT AT HOME 42-1477471	16-12	0.	0.	76,224.		76,224.	
10								
11								
12								
	Total							

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1	TRIMARK PHYSICIANS GROUP	0.	0.	0.	0.	0.	0.	0.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	854.					854.
3	BELCREST SERVICES LTD	0.	0.	0.	0.	0.	0.	0.	
4	BROADBAND, INC.	0.	0.	0.	0.	0.	0.	0.	
5	CENTRAL IOWA HOSPITAL CORPORATION	7,500.	6,250.	377,657.		11,750.			403,157.
6	HCP CORPORATION	0.	0.	9,511.					9,511.
7	HEALTH PLUS INC	0.	0.	0.	0.	0.	0.	0.	
8	HNC SERVICES	0.	0.	0.	0.	0.	0.	0.	
9	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	0.	0.	0.	
10	IOWA HEALTH SYSTEM	0.	0.	0.	0.	0.	0.	0.	
11	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	24.					24.
12	MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	0.	
	Total	7,500.	6,250.	814,097.		11,750.			839,597.

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1	MERITER HEALTH SERVICES, INC.	0.	0.	285,361.	0.	0.	0.	285,361.
2	MERITER HOSPITAL, INC.	0.	0.	3,969.	0.	0.	0.	3,969.
3	MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	
4	METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	
5	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	
6	METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	
7	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	2,810.	0.	0.	0.	2,810.
8	PHYSICIANS PLUS INSURANCE CORPORATION	0.	0.	0.	0.	0.	0.	
9	PRECEDENCE, INC.	0.	0.	31,982.	0.	0.	0.	31,982.
10	PROCTOR HOSPITAL	0.	0.	485.	0.	0.	0.	485.
11	PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.	
12	ST. LUKE'S METHODIST HOSPITAL	0.	0.	0.	0.	0.	0.	
Total								

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%			
1 STL HEALTH RESOURCES CO.	0.	0.	16,194.		0.			16,194.	
2 THE FINLEY HOSPITAL	0.	0.	5,011.		0.			5,011.	
3 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.		0.				
4 TRINITY HEALTH ENTERPRISES, INC.	0.	0.	0.		0.				
5 TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.		0.				
6 TRINITY MEDICAL CENTER	0.	0.	0.		0.				
7 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	0.	0.	54,322.		0.			54,322.	
8 TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		0.				
9 UNITYPOINT AT HOME	0.	0.	25,917.		0.			25,917.	
10									
11									
12									
Total									

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

		Other Apportionments				
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 TRIMARK PHYSICIANS GROUP						
2 ALLEN MEMORIAL HOSPITAL CORPORATION	0.	2,600.	9,750.			
3 BELCREST SERVICES LTD	10,714.					
4 BROADBAND, INC.	10,715.	0.	0.			
5 CENTRAL IOWA HOSPITAL CORPORATION	0.					
6 HCP CORPORATION	10,714.					
7 HEALTH PLUS INC	10,714.					
8 HNC SERVICES	10,715.	15,400.	57,750.			
9 IOWA HEALTH FOUNDATION	0.					
10 IOWA HEALTH SYSTEM	0.					
11 IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.					
12 MEDIMORE, INC.	10,715.					
Total	150,000.	40,000.	150,000.			

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	MERITER HEALTH SERVICES, INC.	0.				
2	MERITER HOSPITAL, INC.	0.	15,500.	58,125.		
3	MERITER MANAGEMENT SERVICES, INC.	10,714.				
4	METHODIST HEALTH VENTURES, INC.	10,714.	5,000.	18,750.		
5	METHODIST MEDICAL CENTER OF ILLINOIS	0.				
6	METHODIST SERVICES, INC.	0.				
7	NORTHWEST IOWA HOSPITAL CORPORATION	0.				
8	PHYSICIANS PLUS INSURANCE CORPORATION	10,715.				
9	PRECEDENCE, INC.	10,714.				
10	PROCTOR HOSPITAL	0.	1,500.	5,625.		
11	PROVIDER RESOURCE MANAGEMENT, INC.	10,714.				
12	ST. LUKE'S METHODIST HOSPITAL	0.				
Total						

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

		Other Apportionments					
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other		
1 STL HEALTH RESOURCES CO.	10,714.						
2 THE FINLEY HOSPITAL	0.						
3 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.						
4 TRINITY HEALTH ENTERPRISES, INC.	10,714.						
5 TRINITY HEALTH SYSTEMS, INC.	0.						
6 TRINITY MEDICAL CENTER	0.						
7 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	10,714.	0.	0.				
8 TRINITY REGIONAL MEDICAL CENTER	0.						
9 UNITYPOINT AT HOME	0.						
10							
11							
12							
Total							

Schedule O (Form 1120) (Rev. 12-2012)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

Name TRIMARK PHYSICIANS GROUP		Employer identification number 45-3791448
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 0.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 0.
6	Alternative tax net operating loss deduction. See instructions	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a
b	Multiply line 8a by 25% (0.25)	8b
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c
9	Subtract line 8c from line 7. If zero or less, enter -0-	9
10	Multiply line 9 by 20% (0.20)	10
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14

JWA For Paperwork Reduction Act Notice, see separate instructions.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	0.
2	ACE depreciation adjustment:			
	a AMT depreciation	2a		
	b ACE depreciation:			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
	a Certain dividends received	4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
	a Intangible drilling costs	5a		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199