

EXTENDED TO NOVEMBER 15, 2018
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 1,108,167,198.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CENTRAL IOWA HOSPITAL CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1200 PLEASANT ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50309-1453</p> <p>F Group exemption number (See instructions.) ▶</p>	<p>D Employer identification number (Employees' trust, see instructions.) 42-0680452</p> <p>E Unrelated business activity codes (See instructions.) 621500 900099</p>
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 4**

J The books are in care of ▶ **CONRAD HANSON, DIRECTOR-REGIONAL** Telephone number ▶ **515-224-7161**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	17,138,613.			
b Less returns and allowances	10,372,246.			
c Balance		6,766,367.		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c		6,766,367.		6,766,367.
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)		257,819.		257,819.
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		7,024,186.		7,024,186.

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.)				
14 Compensation of officers, directors, and trustees (Schedule K)				
15 Salaries and wages				1,592,867.
16 Repairs and maintenance				
17 Bad debts				
18 Interest (attach schedule)				
19 Taxes and licenses		SEE STATEMENT 9		92,287.
20 Charitable contributions (See instructions for limitation rules)	STATEMENT 5		SEE STATEMENT 2	
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		
23 Depletion				
24 Contributions to deferred compensation plans				
25 Employee benefit programs				439,970.
26 Excess exempt expenses (Schedule I)				
27 Excess readership costs (Schedule J)				
28 Other deductions (attach schedule)		SEE STATEMENT 3		3,954,560.
29 Total deductions. Add lines 14 through 28				6,174,034.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				850,152.
31 Net operating loss deduction (limited to the amount on line 30)				
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				850,152.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)				1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				849,152.

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

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. CENTRAL IOWA HOSPITAL CORPORATION	Employer identification number (EIN) or 42-0680452
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. 1200 PLEASANT ST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50309-1453	

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

CONRAD HANSON, DIRECTOR-REGIONAL LIAISON - 4949 WESTOWN

• The books are in the care of ▶ **PARKWAY, SUITE 255 - WEST DES MOINES, IA 50266**
Telephone No. ▶ **515-224-7161** Fax No. ▶ **515-224-7167**

• 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, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** 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	\$	425,245.
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	\$	425,245.
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 <input checked="" type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>50,000.</u> (2) \$ <u>25,000.</u> (3) \$ <u>774,152.</u>			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <u>11,750.</u> (2) Additional 3% tax (not more than \$100,000) \$ _____			
c Income tax on the amount on line 34 <u>SEE STATEMENT 7</u>		35c	288,712.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	288,712.

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	68,945.	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e	68,945.	
42 Subtract line 41e from line 40	42	219,767.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44 Total tax. Add lines 42 and 43	44	219,767.	
45a Payments: A 2016 overpayment credited to 2017	45a	159,945.	
b 2017 estimated tax payments	45b	265,300.	
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	24.	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g		
46 Total payments. Add lines 45a through 45g	46	425,269.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	205,502.	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <u>205,502.</u> Refunded	50	0.	

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

51 At any time during the 2017 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	No
		X
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.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

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.

Sign Here

Signature of officer _____ Date _____ SVP/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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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 8, 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 8)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 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 26.
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. <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				0. <small>Enter here and on page 1, Part I, line 27.</small>

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 CENTRAL IOWA HOSPITAL CORPORATION	Employer identification number 42-0680452
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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, 2017**, 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.

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	CENTRAL IOWA HOSPITAL CORPORATION 42-0680452	17-12	16,484.	8,242.	824,426.		849,152.	
2	ABBE MANAGEMENT CORPORATION 42-1361755	17-12	0.	0.	0.		0.	
3	ABBEHEALTH, INC. 42-1373123	17-12	0.	0.	0.		0.	
4	AGING SERVICES, INC. 23-7085316	17-12	0.	0.	0.		0.	
5	ALLEN MEMORIAL HOSPITAL CORPORATION 42-0698265	17-12	0.	0.	0.		0.	
6	BELCREST SERVICES LTD 37-1196307	17-12	0.	0.	0.		0.	
7	BROADBAND, INC. 27-3819741	17-12	0.	0.	0.		0.	
8	HCP CORPORATION 39-1177562	17-12	966.	483.	48,311.		49,760.	
9	HEALTH PLUS INC 37-1295532	17-12	0.	0.	0.		0.	
10	HNC SERVICES 27-0987243	17-12	0.	0.	0.		0.	
11	IOWA HEALTH FOUNDATION 42-1467682	17-12	0.	0.	0.		0.	
12	IOWA HEALTH SYSTEM 42-1435199	17-12	2,056.	1,028.	102,814.		105,898.	
Total			50,000.	25,000.	2,500,744.		2,575,744.	

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	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	17-12	0.	0.	0.	0.	0.	
2	KEOKUK AREA HOSPITAL	17-12	0.	0.	0.	0.	0.	
3	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	17-12	0.	0.	0.	0.	0.	
4	MEDIMORE, INC.	17-12	0.	0.	0.	0.	0.	
5	MERITER HEALTH SERVICES, INC.	17-12	8,004.	4,002.	400,333.		412,339.	
6	MERITER HOSPITAL, INC.	17-12	0.	0.	0.	0.	0.	
7	MERITER MANAGEMENT SERVICES, INC.	17-12	0.	0.	0.	0.	0.	
8	METHODIST HEALTH VENTURES, INC.	17-12	0.	0.	0.	0.	0.	
9	METHODIST MEDICAL CENTER OF ILLINOIS	17-12	0.	0.	0.	0.	0.	
10	METHODIST SERVICES, INC.	17-12	0.	0.	0.	0.	0.	
11	NORTHWEST IOWA HOSPITAL CORPORATION	17-12	234.	117.	11,728.		12,079.	
12	PEKIN MEMORIAL HOSPITAL	17-12	0.	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	PEKIN PROHEALTH, INC.	37-1117052	0.	0.	0.	0.	0.	
2	PRECEDENCE, INC.	37-1288604	13,676.	6,838.	684,034.		704,538.	
3	PROCTOR HOSPITAL	37-0681540	0.	0.	0.		0.	
4	PROVIDER RESOURCE MANAGEMENT, INC.	37-1223550	0.	0.	0.		0.	
5	ST. LUKE'S METHODIST HOSPITAL	42-0504780	1,575.	788.	78,771.		81,134.	
6	STL HEALTH RESOURCES CO.	42-1193499	574.	287.	28,698.		29,559.	
7	THE FINLEY HOSPITAL	42-0680354	0.	0.	0.		0.	
8	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	36-3678909	0.	0.	0.		0.	
9	TRIMARK PHYSICIANS GROUP	45-3791448	0.	0.	0.		0.	
10	TRINITY HEALTH ENTERPRISES, INC.	36-3320141	2,980.	1,490.	149,026.		153,496.	
11	TRINITY HEALTH SYSTEMS, INC.	42-1222877	0.	0.	0.		0.	
12	TRINITY MEDICAL CENTER	36-2739299	178.	89.	8,897.		9,164.	
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	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	17-12	307.	153.	15,332.		15,792.	
2	TRINITY REGIONAL MEDICAL CENTER	17-12	0.	0.	0.		0.	
3	UNITYPOINT AT HOME	17-12	2,966.	1,483.	148,384.		152,833.	
4	UNITYPOINT HEALTH - MARSHALLTOWN	17-12	0.	0.	0.		0.	
5								
6								
7								
8								
9								
10								
11								
12								
Total								

Schedule O (Form 1120) (Rev. 12-20-12)

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	CENTRAL IOWA HOSPITAL CORPORATION	2,473.	2,061.	280,305.	0.	0.	0.	284,839.	
2	ABBE MANAGEMENT CORPORATION	0.	0.	0.	0.	0.	0.		
3	ABBEHEALTH, INC.	0.	0.	0.	0.	0.	0.		
4	AGING SERVICES, INC.	0.	0.	0.	0.	0.	0.		
5	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	0.	0.	0.	0.		
6	BELCREST SERVICES LTD.	0.	0.	0.	0.	0.	0.		
7	BROADBAND, INC.	0.	0.	0.	0.	0.	0.		
8	HCP CORPORATION	145.	121.	16,426.	339.	0.	17,031.		
9	HEALTH PLUS INC	0.	0.	0.	0.	0.	0.		
10	HNC SERVICES	0.	0.	0.	0.	0.	0.		
11	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	0.	0.		
12	IOWA HEALTH SYSTEM	308.	257.	34,957.	721.	0.	36,243.		
	Total	7,500.	6,250.	850,253.	11,750.	0.	875,753.		

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 IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.	0.	0.	0.	0.	
2 KEOKUK AREA HOSPITAL	0.	0.	0.	0.	0.	0.	0.	
3 KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY INC.	0.	0.	0.	0.	0.	0.	0.	
4 MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	0.	
5 MERITER HEALTH SERVICES, INC.	1,201.	1,001.	136,113.		2,806.		141,121.	
6 MERITER HOSPITAL, INC.	0.	0.	0.	0.	0.	0.	0.	
7 MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.	
8 METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	0.	
9 METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	0.	
10 METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.	
11 NORTHWEST IOWA HOSPITAL CORPORATION	35.	29.	3,988.		82.		4,134.	
12 PEKIN MEMORIAL HOSPITAL	0.	0.	0.	0.	0.	0.	0.	
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	PEKIN PROHEALTH, INC.	0.	0.	0.	0.	0.	0.	0.	
2	PRECEDENCE, INC.	2,051.	1,710.	232,568.		4,794.		241,123.	
3	PROCTOR HOSPITAL	0.	0.	0.	0.	0.	0.		
4	PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.		
5	ST. LUKE'S METHODIST HOSPITAL	236.	197.	26,782.		552.		27,767.	
6	STL HEALTH RESOURCES CO.	86.	72.	9,757.		201.		10,116.	
7	THE FINLEY HOSPITAL	0.	0.	0.	0.	0.	0.		
8	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.	0.	0.	0.		
9	TRIMARK PHYSICIANS GROUP	0.	0.	0.	0.	0.	0.		
10	TRINITY HEALTH ENTERPRISES, INC.	447.	373.	50,669.		1,045.		52,534.	
11	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	0.	0.		
12	TRINITY MEDICAL CENTER	27.	22.	3,025.		62.		3,136.	
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 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	46.	38.	5,213.		108.			5,405.
2 TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		0.			
3 UNITYPOINT AT HOME	445.	369.	50,450.		1,040.			52,304.
4 UNITYPOINT HEALTH - MARSHALLTOWN	0.	0.	0.		0.			
5								
6								
7								
8								
9								
10								
11								
12								
Total								

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	CENTRAL IOWA HOSPITAL CORPORATION	0.	0.	0.	0.	
2	ABBE MANAGEMENT CORPORATION	9,375.	1,000.	3,750.		
3	ABBEHEALTH, INC.	0.	1,150.	4,313.		
4	AGING SERVICES, INC.	0.	0.	0.		
5	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	2,700.	10,125.		
6	BELCREST SERVICES LTD	9,375.	0.	0.		
7	BROADBAND, INC.	9,375.	14,650.	54,937.		
8	HCP CORPORATION	9,375.	0.	0.		
9	HEALTH PLUS INC	9,375.	0.	0.		
10	HNC SERVICES	9,375.	7,000.	26,250.		
11	IOWA HEALTH FOUNDATION	0.	0.	0.		
12	IOWA HEALTH SYSTEM	0.	0.	0.		
	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				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.	0.	
2	KEOKUK AREA HOSPITAL	0.	0.	0.	0.	
3	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	9,375.	0.	0.	0.	
4	MEDIMORE, INC.	9,375.	10,000.	37,500.	0.	
5	MERITER HEALTH SERVICES, INC.	0.	0.	0.	0.	
6	MERITER HOSPITAL, INC.	0.	500.	1,875.	0.	
7	MERITER MANAGEMENT SERVICES, INC.	9,375.	0.	0.	0.	
8	METHODIST HEALTH VENTURES, INC.	9,375.	0.	0.	0.	
9	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	
10	METHODIST SERVICES, INC.	0.	0.	0.	0.	
11	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	0.	0.	
12	PEKIN MEMORIAL HOSPITAL	0.	0.	0.	0.	
Total						

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	PEKIN PROHEALTH, INC.	9,375.	0.	0.	0.	
2	PRECEDENCE, INC.	9,375.	0.	0.	0.	
3	PROCTOR HOSPITAL	0.	3,000.	11,250.		
4	PROVIDER RESOURCE MANAGEMENT, INC.	9,375.	0.	0.	0.	
5	ST. LUKE'S METHODIST HOSPITAL	0.	0.	0.	0.	
6	STL HEALTH RESOURCES CO.	9,375.	0.	0.	0.	
7	THE FINLEY HOSPITAL	0.	0.	0.	0.	
8	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.	0.	
9	TRIMARK PHYSICIANS GROUP	0.	0.	0.	0.	
10	TRINITY HEALTH ENTERPRISES, INC.	9,375.	0.	0.	0.	
11	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	
12	TRINITY MEDICAL CENTER	0.	0.	0.	0.	
Total						

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	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	9,375.	0.	0.		
2	TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		
3	UNITYPOINT AT HOME	0.	0.	0.		
4	UNITYPOINT HEALTH - MARSHALLTOWN	0.	0.	0.		
5						
6						
7						
8						
9						
10						
11						
12						
Total						

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

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return: **CENTRAL IOWA HOSPITAL CORPORATION**
Identifying number: **42-0680452**

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	68,945.
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	68,945.

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	288,712.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	0.
9	Add lines 7 and 8	9	288,712.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	288,712.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	288,712.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	65,928.
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	169,831.
15	Enter the greater of line 13 or line 14	15	169,831.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	118,881.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	68,945.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	222,784.
28	Add lines 17 and 26	28	68,945.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	153,839.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	0.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	68,945.

Name(s) shown on return

Identifying number

CENTRAL IOWA HOSPITAL CORPORATION

42-0680452

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A [X] General Business Credit From a Non-Passive Activity
B [] General Business Credit From a Passive Activity
C [] General Business Credit Carryforwards
D [] General Business Credit Carrybacks
E [] Reserved
F [] Reserved
G [] Eligible Small Business Credit Carryforwards
H [] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include investment, research, housing, disabled access, renewable electricity, Indian employment, orphan drug, new markets, pension plan, child care, biodiesel, low sulfur diesel, distilled spirits, energy efficient home, energy efficient appliance, alternative motor vehicle, alternative fuel vehicle, enhanced oil recovery, mine rescue, agricultural chemicals, employer differential wage, carbon dioxide sequestration, qualified plug-in electric drive motor vehicle, qualified plug-in electric vehicle, employee retention, general credits from an electing large partnership, other oil and gas production, and summary rows 2, 3, 4a-4z, 5, 6.

Credit for Employer-Provided Childcare Facilities and Services

OMB No. 1545-1809

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8882 for the latest information.

Attachment
Sequence No. **131**

Name(s) shown on return			Identifying number
CENTRAL IOWA HOSPITAL CORPORATION			42-0680452
1	Qualified childcare facility expenditures paid or incurred	1 2,003,381.	
2	Enter 25% (0.25) of line 1		2 500,845.
3	Qualified childcare resource and referral expenditures paid or incurred	3	
4	Enter 10% (0.10) of line 3		4
5	Credit for employer-provided childcare facilities and services from partnerships, S corporations, estates, and trusts		5
6	Add lines 2, 4, and 5		6 500,845.
7	Enter the smaller of line 6 or \$150,000. Estates and trusts, go to line 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1k	SEE STATEMENT 10	7 68,945.
8	Amount allocated to beneficiaries of the estate or trust (see instructions)		8
9	Estates and trusts. Subtract line 8 from line 7. Report this amount on Form 3800, Part III, line 1k		9

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name CENTRAL IOWA HOSPITAL CORPORATION		Employer identification number 42-0680452
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	1 849,152.
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	3 849,152.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 849,152.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
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. • 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	5 849,152.
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	7 849,152.
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 0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 849,152.
10	Multiply line 9 by 20% (0.20)	10 169,830.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12 169,830.
13	Regular tax liability before applying all credits except the foreign tax credit	13 288,712.
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 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* SEE ALSO

STATEMENT 8

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	849,152.
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)(ii) 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. 113-285, Div. A, section 221(a)(4)(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	849,152.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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REFERENCE LAB SERVICES, DIETARY SERVICES, VETERINARY SERVICES,
COURIER SERVICES AND JOINT VENTURE ACTIVITY

TO FORM 990-T, PAGE 1

FORM 990-T		CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
VARIOUS	N/A	94,350.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		94,350.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
SUPPLIES		3,871,075.	
MISCELLANEOUS		83,485.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		3,954,560.	

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 4

CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

94,350

TOTAL CONTRIBUTIONS AVAILABLE

94,350

TAXABLE INCOME LIMITATION AS ADJUSTED

94,350

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

94,350

TOTAL CONTRIBUTION DEDUCTION

94,350

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 6

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
1776 WESTLAKES PARKWAY, L.C.	257,819.	0.	257,819.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	257,819.	0.	257,819.

FORM 990-T	TAX COMPUTATION	STATEMENT	7
1.	TAXABLE INCOME	849,152	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000	
3.	LINE 1 LESS LINE 2	799,152	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	25,000	
5.	LINE 3 LESS LINE 4	774,152	
6.	INCOME SUBJECT TO 34% TAX RATE	774,152	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	263,212	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	11,750	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	288,712	

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 8
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		94,350
TOTAL CONTRIBUTIONS		94,350
10% OF TAXABLE INCOME AS ADJUSTED		94,350
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIONS		94,350
AMT CHARITABLE DEDUCTION		94,350
REGULAR CONTRIBUTION DEDUCTION		94,350
AMT CONTRIBUTION ADJUSTMENT		0

FORM 990-T

TAXES AND LICENSES

STATEMENT 9

DESCRIPTION

AMOUNT

IOWA TAXES - BASED ON INCOME

92,287.

TOTAL TO FORM 1120, LINE 17

92,287.

Central Iowa Hospital Corporation (EIN 42-0680452)
 Credit for Employer-Provided Childcare Facilities and Services
 Year Ended 12/31/2017

	CIHC	MMCI	MH	PH
Qualified childcare facility expenditures	2,003,381	923,376	892,860	539,021
Credit (25%)	0.25	0.25	0.25	0.25
	<u>500,845</u>	<u>230,844</u>	<u>223,215</u>	<u>134,755</u>
Proportionate Share	0.4596	0.2118	0.2048	0.1237
Qualified childcare resource and referral expenditures	-	-	-	-
Credit (10%)	0.10	0.10	0.10	0.10
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Proportionate Share	0.0000	0.0000	0.0000	0.0000
Total	<u>500,845</u>	<u>230,844</u>	<u>223,215</u>	<u>134,755</u>
Credit limit	150,000	150,000	150,000	150,000
Proportionate share of all expenditures	0.4596	0.2118	0.2048	0.1237
	<u>68,945</u>	<u>31,777</u>	<u>30,727</u>	<u>18,550</u>

STATEMENT 10

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2017

Name **CENTRAL IOWA HOSPITAL CORPORATION** Employer identification number **42-0680452**

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	219,767.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	219,767.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	331,519.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	219,767.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input checked="" type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9	04/15/17	06/15/17	09/15/17	12/15/17
10	54,942.	54,942.	55,078.	54,805.
11	159,951.	105,306.	39,006.	121,006.
12		105,009.	155,373.	139,301.
13		210,315.	194,379.	260,307.
14				
15	159,951.	210,315.	194,379.	260,307.
16		0.	0.	
17				
18	105,009.	155,373.	139,301.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2017)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of instalment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 08/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 0/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 4\%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 0/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 4\%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 0/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 4\%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/10/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 4\%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.