

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. NO UNRELATED BUSINESS ACTIVITY FOR TAX YEAR

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? SEE STATEMENT 1

J The books are in care of DANIEL M. LAGRANGE, VP FIN & OPERA Telephone number 515-241-6289

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from partnerships; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. IOWA HEALTH FOUNDATION	Enter filer's identifying number Employer identification number (EIN) or 42-1467682
	Number, street, and room or suite no. If a P.O. box, see instructions. 1415 WOODLAND AVENUE, NO. E-200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50309	

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

DANIEL M. LAGRANGE, VP FIN & OPERATIONS

• The books are in the care of ▶ **1415 WOODLAND AVE., SUITE E-200 - DES MOINES, IA 50309**
Telephone No. ▶ **515-241-6289** Fax No. ▶ **515-241-6966**

• 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	\$	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

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Foreign tax credit (41a-41e), Other taxes (42-43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Refunded (50).

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 51, 52, and 53 regarding foreign accounts, distributions, and tax-exempt interest.

Signature and Preparer information section. Includes fields for Sign Here (Signature of officer, Date), Preparer's name/signature, Title, and Firm information (Firm's name, EIN, address, phone no.).

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 IOWA HEALTH FOUNDATION	Employer identification number 42-1467682
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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.

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

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

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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 HEALTH FOUNDATION 42-1467682	17-12	0.	0.	0.	0.	0.	
2	ABBE MANAGEMENT CORPORATION 42-1361755	17-12	0.	0.	0.	0.	0.	
3	ABBEHEALTH, INC. 42-1373123	17-12	0.	0.	0.	0.	0.	
4	AGING SERVICES, INC. 23-7085316	17-12	0.	0.	0.	0.	0.	
5	ALLEN MEMORIAL HOSPITAL CORPORATION 42-0698265	17-12	0.	0.	0.	0.	0.	
6	BELCREST SERVICES, LTD. 37-1196307	17-12	0.	0.	0.	0.	0.	
7	BROADBAND, INC. 27-3819741	17-12	0.	0.	0.	0.	0.	
8	CENTRAL IOWA HOSPITAL CORPORATION 42-0680452	17-12	50,000.	25,000.	774,152.		849,152.	
9	HCP CORPORATION 39-1177562	17-12	0.	0.	49,760.		49,760.	
10	HEALTH PLUS INC 37-1295532	17-12	0.	0.	0.	0.	0.	
11	HNC SERVICES 27-0987243	17-12	0.	0.	0.	0.	0.	
12	IOWA HEALTH SYSTEM 42-1435199	17-12	0.	0.	105,898.		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)

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	(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.	0.
2	KEOKUK AREA HOSPITAL	17-12	0.	0.	0.	0.	0.	0.
3	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	17-12	0.	0.	0.	0.	0.	0.
4	MEDIMORE, INC.	17-12	0.	0.	0.	0.	0.	0.
5	MERITER HEALTH SERVICES, INC.	17-12	0.	0.	412,339.	0.	412,339.	412,339.
6	MERITER HOSPITAL, INC.	17-12	0.	0.	0.	0.	0.	0.
7	MERITER MANAGEMENT SERVICES, INC.	17-12	0.	0.	0.	0.	0.	0.
8	METHODIST HEALTH VENTURES, INC.	17-12	0.	0.	0.	0.	0.	0.
9	METHODIST MEDICAL CENTER OF ILLINOIS	17-12	0.	0.	0.	0.	0.	0.
10	METHODIST SERVICES, INC.	17-12	0.	0.	0.	0.	0.	0.
11	NORTHWEST IOWA HOSPITAL CORPORATION	17-12	0.	0.	12,079.	0.	12,079.	12,079.
12	PEKIN MEMORIAL HOSPITAL	17-12	0.	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	17-12	0.	0.	0.	0.	0.	
2	PRECEDENCE, INC. 37-1288604	17-12	0.	0.	704,538.		704,538.	
3	PROCTOR HOSPITAL 37-0681540	17-12	0.	0.	0.	0.	0.	
4	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	17-12	0.	0.	0.	0.	0.	
5	ST. LUKE'S METHODIST HOSPITAL 42-0504780	17-12	0.	0.	81,134.		81,134.	
6	STL HEALTH RESOURCES CO. 42-1193499	17-12	0.	0.	29,559.		29,559.	
7	THE FINLEY HOSPITAL 42-0680354	17-12	0.	0.	0.	0.	0.	
8	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 36-3678909	17-12	0.	0.	0.	0.	0.	
9	TRIMARK PHYSICIANS GROUP 45-3791448	17-12	0.	0.	0.	0.	0.	
10	TRINITY HEALTH ENTERPRISES, INC. 36-3320141	17-12	0.	0.	153,496.		153,496.	
11	TRINITY HEALTH SYSTEMS, INC. 42-1222877	17-12	0.	0.	0.	0.	0.	
12	TRINITY MEDICAL CENTER 36-2739299	17-12	0.	0.	9,164.		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	0.	0.	15,792.		15,792.	
2	TRINITY REGIONAL MEDICAL CENTER	17-12	0.	0.	0.		0.	
3	UNITYPOINT AT HOME	17-12	0.	0.	152,833.		152,833.	
4	UNITYPOINT HEALTH - MARSHALLTOWN	17-12	0.	0.	0.		0.	
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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	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	0.	0.	
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	CENTRAL IOWA HOSPITAL CORPORATION	7,500.	6,250.	263,212.		11,750.		288,712.
9	RCP CORPORATION	0.	0.	16,918.		0.		16,918.
10	HEALTH PLUS INC	0.	0.	0.		0.		
11	HNC SERVICES	0.	0.	0.		0.		
12	IOWA HEALTH SYSTEM	0.	0.	36,005.		0.		36,005.
	Total	7,500.	6,250.	850,253.		11,750.		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.	
2 KEOKUK AREA HOSPITAL	0.	0.	0.	0.	0.	0.	
3 KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	0.	0.	0.	0.	0.	0.	
4 MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	
5 MERITER HEALTH SERVICES, INC.	0.	0.	140,195.		0.	0.	140,195.
6 MERITER HOSPITAL, INC.	0.	0.	0.	0.	0.	0.	
7 MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	
8 METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	
9 METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	
10 METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	
11 NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	4,107.		0.	0.	4,107.
12 PEKIN MEMORIAL HOSPITAL	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.	
2	PRECEDENCE, INC.	0.	0.	239,543.		0.		239,543.
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	0.	0.	27,586.		0.		27,586.
6	STL HEALTH RESOURCES CO.	0.	0.	10,050.		0.		10,050.
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.	0.	0.	52,189.		0.		52,189.
11	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	0.	0.	
12	TRINITY MEDICAL CENTER	0.	0.	3,116.		0.		3,116.
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.	0.	0.	5,369.	0.	0.	0.	5,369.
2	TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.	0.	0.	0.	
3	UNITYPOINT AT HOME	0.	0.	51,963.	0.	0.	0.	51,963.
4	UNITYPOINT HEALTH - MARSHALLTOWN	0.	0.	0.	0.	0.	0.	
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11								
12								
	Total							

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 HEALTH FOUNDATION	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	CENTRAL IOWA HOSPITAL CORPORATION	0.	0.	0.		
9	HCP CORPORATION	9,375.	0.	0.		
10	HEALTH PLUS INC	9,375.	0.	0.		
11	HMC SERVICES	9,375.	7,000.	26,250.		
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				
		(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	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.		
5	MERITER HEALTH SERVICES, INC.	0.	0.	0.	0.	
6	MERITER HOSPITAL, INC.	0.	500.	1,875.		
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				(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	PEKIN PROHEALTH, INC.	9,375.	0.	0.	0.	
2	PRECEDENCE, INC.	9,375.	0.	0.	0.	
3	PROCTOR HOSPITAL	0.	3,000.	11,250.	0.	
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				(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	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	9,375.	0.	0.	0.	
2		0.	0.	0.	0.	
3	TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.	0.	
4	UNITYPOINT AT HOME	0.	0.	0.	0.	
5	UNITYPOINT HEALTH - MARSHALLTOWN	0.	0.	0.	0.	
6						
7						
8						
9						
10						
11						
12						
	Total					

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

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

CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	1,224
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	
FOR TAX YEAR 2016	

TOTAL CARRYOVER	1,224
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	
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TOTAL CONTRIBUTIONS AVAILABLE	1,224
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TAXABLE INCOME LIMITATION AS ADJUSTED	0
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EXCESS 10% CONTRIBUTIONS	1,224
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	1,224
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ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
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