

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

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

A Check box if address changed

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

IOWA HEALTH FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

1415 WOODLAND AVENUE, NO. E-200

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

DES MOINES, IA 50309

D Employer identification number (Employees' trust, see instructions.)

42-1467682

E Unrelated business activity codes (See instructions.)

900099

C Book value of all assets at end of year 157,218,938

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

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? Yes No

If "Yes," enter the name and identifying number of the parent corporation. 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: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34.

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, 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.
3b 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.
3c 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, and Amount. 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, and Amount. Includes rows for Foreign tax credit (41a-41d), Total credits (41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 (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 interests, distributions, and tax-exempt interest.

Sign Here section containing signature lines for officer and preparer, date fields, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

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 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.

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.**

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.
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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.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
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**

OMB No. 1545-0123

▶ **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.**

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, 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	IOWA HEALTH FOUNDATION 42-1467682	16-12	0.	0.	0.	0.	0.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION 42-0698265	16-12	0.	0.	2,513.		2,513.	
3	BELCREST SERVICES LTD 37-1196307	16-12	0.	0.	0.		0.	
4	BROADBAND, INC., 27-3819741	16-12	0.	0.	0.		0.	
5	CENTRAL IOWA HOSPITAL CORPORATION 42-0680452	16-12	50,000.	25,000.	1,110,755.		1,185,755.	
6	HCP CORPORATION 39-1177562	16-12	0.	0.	27,974.		27,974.	
7	HEALTH PLUS INC 37-1295532	16-12	0.	0.	0.		0.	
8	HNC SERVICES 27-0987243	16-12	0.	0.	0.		0.	
9	IOWA HEALTH SYSTEM 42-1435199	16-12	0.	0.	0.		0.	
10	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 42-1411630	16-12	0.	0.	71.		71.	
11	MEDIMORE, INC., 42-1414390	16-12	0.	0.	0.		0.	
12	MERTER HEALTH SERVICES, INC., 39-1412318	16-12	0.	0.	839,297.		839,297.	
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%		
1	MERITER HOSPITAL, INC. 39-0806367	16-12	0.	0.	11,674.		11,674.	
2	MERITER MANAGEMENT SERVICES, INC. 39-1458235	16-12	0.	0.	0.		0.	
3	METHODIST HEALTH VENTURES, INC. 37-1140939	16-12	0.	0.	0.		0.	
4	METHODIST MEDICAL CENTER OF ILLINOIS 37-0661223	16-12	0.	0.	0.		0.	
5	METHODIST SERVICES, INC. 37-1111134	16-12	0.	0.	0.		0.	
6	NORTHWEST IOWA HOSPITAL CORPORATION 42-1019872	16-12	0.	0.	8,266.		8,266.	
7	PHYSICIANS PLUS INSURANCE CORPORATION 39-1565691	16-12	0.	0.	0.		0.	
8	PRECEDENCE, INC. 37-1288604	16-12	0.	0.	94,066.		94,066.	
9	PROCTOR HOSPITAL 37-0681540	16-12	0.	0.	1,427.		1,427.	
10	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	16-12	0.	0.	0.		0.	
11	ST, LUKE'S METHODIST HOSPITAL 42-0504780	16-12	0.	0.	0.		0.	
12	STL HEALTH RESOURCES CO. 42-1193499	16-12	0.	0.	47,628.		47,628.	
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	THE FINLEY HOSPITAL 42-0680354	16-12	0.	0.	14,738.		14,738.	
2	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 36-3678909	16-12	0.	0.	0.		0.	
3	TRIMARK PHYSICIANS GROUP 45-3791448	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 36-2732999	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	IOWA HEALTH FOUNDATION	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.	
4	BROADBAND, INC.	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.		0.		9,511.
7	HEALTH PLUS INC	0.	0.	0.	0.	0.	0.	
8	HMC SERVICES	0.	0.	0.	0.	0.	0.	
9	IOWA HEALTH SYSTEM	0.	0.	0.	0.	0.	0.	
10	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	24.		0.		24.
11	MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	
12	MERTER HEALTH SERVICES, INC.	0.	0.	285,361.		0.		285,361.
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)

		Income Tax Apportionment							(h)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(g)	Total income tax	
Group member's name	15%	25%	34%	35%	5%	3%	(b) through (g)		
1 MERITER HOSPITAL, INC.	0.	0.	3,969.	0.	0.	0.	3,969.		
2 MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.		
3 METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	0.		
4 METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	0.		
5 METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.		
6 NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	2,810.	0.	0.	0.	2,810.		
7 PHYSICIANS PLUS INSURANCE CORPORATION	0.	0.	0.	0.	0.	0.	0.		
8 PRECEDENCE, INC.	0.	0.	31,982.	0.	0.	0.	31,982.		
9 PROCTOR HOSPITAL	0.	0.	485.	0.	0.	0.	485.		
10 PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.	0.		
11 ST. LUKE'S METHODIST HOSPITAL	0.	0.	0.	0.	0.	0.	0.		
12 STL HEALTH RESOURCES CO.	0.	0.	16,194.	0.	0.	0.	16,194.		
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	THE FINLEY HOSPITAL	0.	0.	5,011.	0.	0.	0.	5,011.	
2	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.	0.	0.	0.		
3	TRIMARK PHYSICIANS GROUP	0.	0.	0.	0.	0.	0.		
4	TRINITY HEALTH ENTERPRISES, INC.	0.	0.	0.	0.	0.	0.		
5	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	0.	0.		
6	TRINITY MEDICAL CENTER	0.	0.	0.	0.	0.	0.		
7	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	0.	0.	54,322.	0.	0.	0.	54,322.	
8	TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.	0.	0.	0.		
9	UNITYPOINT AT HOME	0.	0.	25,917.	0.	0.	0.	25,917.	
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	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	
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 SYSTEM	0.				
10	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.				
11	MEDIMORE, INC.	10,715.				
12	MERTER HEALTH SERVICES, INC.	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	MERITER HOSPITAL, INC.	0.	15,500.	58,125.		
2	MERITER MANAGEMENT SERVICES, INC.	10,714.				
3	METHODIST HEALTH VENTURES, INC.	10,714.	5,000.	18,750.		
4	METHODIST MEDICAL CENTER OF ILLINOIS	0.				
5	METHODIST SERVICES, INC.	0.				
6	NORTHWEST IOWA HOSPITAL CORPORATION	0.				
7	PHYSICIANS PLUS INSURANCE CORPORATION	10,715.				
8	PRECEDENCE, INC.	10,714.				
9	PROCTOR HOSPITAL	0.	1,500.	5,625.		
10	PROVIDER RESOURCE MANAGEMENT, INC.	10,714.				
11	ST. LUKE'S METHODIST HOSPITAL	0.				
12	STL HEALTH RESOURCES CO.	10,714.				
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 THE FINLEY HOSPITAL	0.				
2 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.				
3 TRIMARK PHYSICIANS GROUP	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)

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 2011	
FOR TAX YEAR 2012	1,224
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	

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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