

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

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://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

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
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)	Print or Type <b>THE FINLEY HOSPITAL</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>350 NORTH GRANDVIEW AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>DUBUQUE, IA 52001-6392</b>	<b>42-0680354</b> E Unrelated business activity codes (See instructions.) <b>561000 446110</b>

C Book value of all assets at end of year **210,730,730.**

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. **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 3**

J The books are in care of **TIMOTHY AHLERS, COO & CFO** Telephone number **536-589-2414**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>1,373,431.</b>			
b	Less returns and allowances			
	c Balance	<b>1,373,431.</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	<b>1,373,431.</b>		<b>1,373,431.</b>
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)			
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	<b>1,373,431.</b>		<b>1,373,431.</b>

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)		14	
15	Salaries and wages		15	<b>409,333.</b>
16	Repairs and maintenance		16	<b>1,504.</b>
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses <i>See Statement 4</i>		19	<b>29,114.</b>
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	<b>65,248.</b>
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) <i>SEE STATEMENT 2</i>		28	<b>1,005,794.</b>
29	Total deductions. Add lines 14 through 28		29	<b>1,510,993.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<b>-137,562.</b>
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	<b>-137,562.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	<b>1,000.</b>
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		34	<b>-137,562.</b>

# 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](http://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](http://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.

		<b>Enter filer's identifying number</b>
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>THE FINLEY HOSPITAL</b>	<b>42-0680354</b>
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.	Social security number (SSN)
	<b>350 NORTH GRANDVIEW AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>DUBUQUE, IA 52001-6392</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

**TIMOTHY AHLERS, COO & CFO**

• The books are in the care of ▶ **350 N GRANDVIEW AVE - DUBUQUE, IA 52001-6392**

Telephone No. ▶ **536-589-2414**

Fax No. ▶ \_\_\_\_\_

- 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c</b> 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.	<b>3c</b>	\$	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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments (A 2016 overpayment credited to 2017), Estimated tax penalty, Tax due, Overpayment, and Total.

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

Table with 2 columns: Question and Yes/No. Questions 51, 52, and 53 regarding foreign accounts, distributions, and tax-exempt interest.

Signature and preparer information section. Includes fields for Signature of officer, Date, Title, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, and 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					
b	Other costs (attach schedule) .....	4b					X
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) .....		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) .....	
0.		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 .....			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
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.	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.

Form 990-T (2017)

**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-G, 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](http://www.irs.gov/form1120).

Name <b>THE FINLEY HOSPITAL</b>	Employer identification number <b>42-0680354</b>
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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.

- 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)

713335 04-01-17 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	THE FINLEY HOSPITAL 42-0680354	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.	849,152.	
9	HCP CORPORATION 39-1177562	17-12	0.	0.	49,760.	49,760.	49,760.	
10	HEALTH PLUS INC 37-1295532	17-12	0.	0.	0.	0.	0.	
11	HMC SERVICES 27-0987243	17-12	0.	0.	0.	0.	0.	
12	IOWA HEALTH FOUNDATION 42-1467682	17-12	0.	0.	0.	0.	0.	
<b>Total</b>			50,000.	25,000.	2,500,744.	2,575,744.	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 HEALTH SYSTEM 42-1435199	17-12	0.	0.	105,898.		105,898.	
2	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 42-1411630	17-12	0.	0.	0.		0.	
3	KEOKUK AREA HOSPITAL 42-0710268	17-12	0.	0.	0.		0.	
4	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC. 42-1237312	17-12	0.	0.	0.		0.	
5	MEDIMORE, INC. 42-1414390	17-12	0.	0.	0.		0.	
6	MERITER HEALTH SERVICES, INC. 39-1412318	17-12	0.	0.	412,339.		412,339.	
7	MERITER HOSPITAL, INC. 39-0806367	17-12	0.	0.	0.		0.	
8	MERITER MANAGEMENT SERVICES, INC. 39-1458235	17-12	0.	0.	0.		0.	
9	METHODIST HEALTH VENTURES, INC. 37-1140939	17-12	0.	0.	0.		0.	
10	METHODIST MEDICAL CENTER OF ILLINOIS 37-0661223	17-12	0.	0.	0.		0.	
11	METHODIST SERVICES, INC. 37-1111134	17-12	0.	0.	0.		0.	
12	NORTHWEST IOWA HOSPITAL CORPORATION 42-1019872	17-12	0.	0.	12,079.		12,079.	
<b>Total</b>								

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 MEMORIAL HOSPITAL 37-0692351	17-12	0.	0.	0.	0.	0.
2	PEKIN PROHEALTH, INC. 37-1117052	17-12	0.	0.	0.	0.	0.
3	PRECEDENCE, INC. 37-1288504	17-12	0.	0.	704,538.	704,538.	704,538.
4	PROCTOR HOSPITAL 37-0681540	17-12	0.	0.	0.	0.	0.
5	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	17-12	0.	0.	0.	0.	0.
6	ST. LUKE'S METHODIST HOSPITAL 42-0504780	17-12	0.	0.	81,134.	81,134.	81,134.
7	STL HEALTH RESOURCES CO. 42-1193499	17-12	0.	0.	29,559.	29,559.	29,559.
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.	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.	9,164.
<b>Total</b>							

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 - MARSHAL TOWN	17-12	0.	0.	0.		0.	
5								
6								
7								
8								
9								
10								
11								
12								
<b>Total</b>								

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.	0.	0.	0.	0.	
2	ABBE MANAGEMENT CORPORATION	0.	0.	0.	0.	0.	0.	
3	ABBHEALTH, 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	HCP CORPORATION	0.	0.	16,918.		0.	16,918.	
10	HEALTH PLUS INC	0.	0.	0.	0.	0.		
11	HNC SERVICES	0.	0.	0.	0.	0.		
12	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	0.		
	<b>Total</b>	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 HEALTH SYSTEM	0.	0.	36,005.	0.	0.	0.	36,005.
2	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.	0.	0.	0.	
3	KEOKUK AREA HOSPITAL	0.	0.	0.	0.	0.	0.	
4	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	0.	0.	0.	0.	0.	0.	
5	MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	
6	MERITER HEALTH SERVICES, INC.	0.	0.	140,195.	0.	0.	0.	140,195.
7	MERITER HOSPITAL, INC.	0.	0.	0.	0.	0.	0.	
8	MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	
9	METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	
10	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	
11	METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	
12	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	4,107.	0.	0.	0.	4,107.
<b>Total</b>								

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

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%			
1 PEKIN MEMORIAL HOSPITAL	0.	0.	0.	0.	0.	0.	0.		
2 PEKIN PROHEALTH, INC.	0.	0.	0.	0.	0.	0.	0.		
3 PRECEDENCE, INC.	0.	0.	239,543.	0.	0.	0.	0.	239,543.	
4 PROCTOR HOSPITAL	0.	0.	0.	0.	0.	0.	0.		
5 PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.	0.		
6 ST. LUKE'S METHODIST HOSPITAL	0.	0.	27,586.	0.	0.	0.	0.	27,586.	
7 STL HEALTH RESOURCES CO.	0.	0.	10,050.	0.	0.	0.	0.	10,050.	
8 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.	0.	0.	0.	0.		
9 TRIMARK PHYSICIANS GROUP	0.	0.	0.	0.	0.	0.	0.		
10 TRINITY HEALTH ENTERPRISES, INC.	0.	0.	52,189.	0.	0.	0.	0.	52,189.	
11 TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	0.	0.	0.		
12 TRINITY MEDICAL CENTER	0.	0.	3,116.	0.	0.	0.	0.	3,116.	
<b>Total</b>									

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.	
5								
6								
7								
8								
9								
10								
11								
12								
	<b>Total</b>							

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	THE FINLEY HOSPITAL	0.	0.	0.	0.	0.
2	ABBE MANAGEMENT CORPORATION	9,375.	2,000.	7,500.		
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.	13,650.	51,187.		
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 FOUNDATION	0.	0.	0.		
	<b>Total</b>	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 HEALTH SYSTEM	0.	0.	0.		
2	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.		
3	KEOKUK AREA HOSPITAL	0.	0.	0.		
4	KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY INC.	9,375.	0.	0.		
5	MEDIMORE, INC.	9,375.	10,000.	37,500.		
6	MERITER HEALTH SERVICES, INC.	0.	0.	0.		
7	MERITER HOSPITAL, INC.	0.	500.	1,875.		
8	MERITER MANAGEMENT SERVICES, INC.	9,375.	0.	0.		
9	METHODIST HEALTH VENTURES, INC.	9,375.	0.	0.		
10	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.		
11	METHODIST SERVICES, INC.	0.	0.	0.		
12	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	0.		
<b>Total</b>						

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

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						
<b>Total</b>						

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

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>THE FINLEY HOSPITAL</b>		Employer identification number <b>42-0680354</b>
<b>Note:</b> 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	<b>1</b> <b>-137,562.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property	<b>2a</b>
b	Amortization of certified pollution control facilities	<b>2b</b>
c	Amortization of mining exploration and development costs	<b>2c</b>
d	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>
e	Adjusted gain or loss	<b>2e</b>
f	Long-term contracts	<b>2f</b>
g	Merchant marine capital construction funds	<b>2g</b>
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>
i	Tax shelter farm activities (personal service corporations only)	<b>2i</b>
j	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>
k	Loss limitations	<b>2k</b>
l	Depletion	<b>2l</b>
m	Tax-exempt interest income from specified private activity bonds	<b>2m</b>
n	Intangible drilling costs	<b>2n</b>
o	Other adjustments and preferences	<b>2o</b>
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b> <b>-137,562.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b> <b>-137,562.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b> <b>0.</b>
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>
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. <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>
e	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b> <b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b> <b>-137,562.</b>
6	Alternative tax net operating loss deduction. See instructions	<b>6</b>
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>
8	<b>Exemption phase-out</b> (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-	<b>8a</b>
b	Multiply line 8a by 25% (0.25)	<b>8b</b>
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-	<b>8c</b>
9	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>
10	Multiply line 9 by 20% (0.20)	<b>10</b>
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>
12	Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>
13	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>
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	<b>14</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	-137,562.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(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	-137,562.



FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES		893,639.
PURCHASED SERVICES		64,824.
RENTAL EXPENSES		36,360.
MISCELLANEOUS EXPENSES		10,971.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,005,794.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3

CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH/SYSTEM

42-1435199



FORM ~~99-T~~

TAXES AND LICENSES

STATEMENT 4

DESCRIPTION

AMOUNT

PAYROLL TAXES

29,114.

TOTAL TO FORM 1120, LINE 17

29,114.