

Form **990-T**

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

OMB No. 1545-0687

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).

Department of the Treasury
Internal Revenue Service

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(03) <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	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRINITY HEALTH SYSTEMS, INC.	D Employer identification number (Employees' trust, see instructions.) 42-1222877
		Number, street, and room or suite no. If a P.O. box, see instructions. 802 KENYON RD	E Unrelated business activity codes (See instructions.) 561000
		City or town, state or province, country, and ZIP or foreign postal code FORT DODGE, IA 50501	

C Book value of all assets at end of year 40,202,201.	F Group exemption number (See instructions.) ▶
	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

H Describe the organization's primary unrelated business activity. ▶ **MANAGEMENT FEES**

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 2**

J The books are in care of ▶ **BRENT FEICKERT, CFO** Telephone number ▶ **515-574-6608**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	1,951,773.			
b Less returns and allowances				
c Balance		1,951,773.		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c		1,951,773.		1,951,773.
4 a 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		1,951,773.		1,951,773.

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	1,798,445.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
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	312,788.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	SEE STATEMENT 1	28	-159,460.
29 Total deductions. Add lines 14 through 28		29	1,951,773.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	0.
31 Net operating loss deduction (limited to the amount on line 30)		31	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	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		34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input 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) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <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	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <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	0.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <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	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

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 _____ 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 <input type="checkbox"/> 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					
b	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)

(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			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)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 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)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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

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

**SCHEDULE O
(Form 1120)**

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

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

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

OMB No. 1545-0123

Name TRINITY HEALTH SYSTEMS, INC.	Employer identification number 42-1222877
---	---

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, 2016**, 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)

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					
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))	
1	TRINITY HEALTH SYSTEMS, INC.	42-1222877	17-12	0.	0.	0.		0.
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	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.
11	HNC SERVICES	27-0987243	17-12	0.	0.	0.		0.
12	IOWA HEALTH FOUNDATION	42-1467682	17-12	0.	0.	0.		0.
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				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
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.
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				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1	PEKIN MEMORIAL HOSPITAL 37-0692351	17-12	0.	0.	0.		0.
2	PEKIN PROHEALTH, INC. 37-1117052	17-12	0.	0.	0.		0.
3	PRECEDENCE, INC. 37-1288604	17-12	0.	0.	704,538.		704,538.
4	PROCTOR HOSPITAL 37-0681540	17-12	0.	0.	0.		0.
5	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	17-12	0.	0.	0.		0.
6	ST. LUKE'S METHODIST HOSPITAL 42-0504780	17-12	0.	0.	81,134.		81,134.
7	STL HEALTH RESOURCES CO. 42-1193499	17-12	0.	0.	29,559.		29,559.
8	THE FINLEY HOSPITAL 42-0680354	17-12	0.	0.	0.		0.
9	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 36-3678909	17-12	0.	0.	0.		0.
10	TRIMARK PHYSICIANS GROUP 45-3791448	17-12	0.	0.	0.		0.
11	TRINITY HEALTH ENTERPRISES, INC. 36-3320141	17-12	0.	0.	153,496.		153,496.
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.	36-3924720	17-12	0.	0.	15,792.	15,792.
2	TRINITY REGIONAL MEDICAL CENTER	42-1009175	17-12	0.	0.	0.	0.
3	UNITYPOINT AT HOME	42-1477471	17-12	0.	0.	152,833.	152,833.
4	UNITYPOINT HEALTH - MARSHALLTOWN	81-5034179	17-12	0.	0.	0.	0.
5							
6							
7							
8							
9							
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 TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.		0.		
2 ABBE MANAGEMENT CORPORATION	0.	0.	0.		0.		
3 ABBEHEALTH, INC.	0.	0.	0.		0.		
4 AGING SERVICES, INC.	0.	0.	0.		0.		
5 ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	0.		0.		
6 BELCREST SERVICES LTD	0.	0.	0.		0.		
7 BROADBAND, INC.	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.		
11 HNC SERVICES	0.	0.	0.		0.		
12 IOWA HEALTH FOUNDATION	0.	0.	0.		0.		
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 HEALTH SYSTEM	0.	0.	36,005.		0.		36,005.
2 IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.		0.		
3 KEOKUK AREA HOSPITAL	0.	0.	0.		0.		
4 KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	0.	0.	0.		0.		
5 MEDIMORE, INC.	0.	0.	0.		0.		
6 MERITER HEALTH SERVICES, INC.	0.	0.	140,195.		0.		140,195.
7 MERITER HOSPITAL, INC.	0.	0.	0.		0.		
8 MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.		0.		
9 METHODIST HEALTH VENTURES, INC.	0.	0.	0.		0.		
10 METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.		0.		
11 METHODIST SERVICES, INC.	0.	0.	0.		0.		
12 NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	4,107.		0.		4,107.
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 MEMORIAL HOSPITAL	0.	0.	0.		0.		
2 PEKIN PROHEALTH, INC.	0.	0.	0.		0.		
3 PRECEDENCE, INC.	0.	0.	239,543.		0.		239,543.
4 PROCTOR HOSPITAL	0.	0.	0.		0.		
5 PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.		0.		
6 ST. LUKE'S METHODIST HOSPITAL	0.	0.	27,586.		0.		27,586.
7 STL HEALTH RESOURCES CO.	0.	0.	10,050.		0.		10,050.
8 THE FINLEY HOSPITAL	0.	0.	0.		0.		
9 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.		0.		
10 TRIMARK PHYSICIANS GROUP	0.	0.	0.		0.		
11 TRINITY HEALTH ENTERPRISES, INC.	0.	0.	52,189.		0.		52,189.
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						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	0.	0.	5,369.		0.		5,369.
2 TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		0.		
3 UNITYPOINT AT HOME	0.	0.	51,963.		0.		51,963.
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 TRINITY HEALTH SYSTEMS, INC.	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 HNC SERVICES	9,375.	7,000.	26,250.		
12 IOWA HEALTH FOUNDATION	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 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.		
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 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 FINLEY HOSPITAL	0.	0.	0.		
9 THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.		
10 TRIMARK PHYSICIANS GROUP	0.	0.	0.		
11 TRINITY HEALTH ENTERPRISES, INC.	9,375.	0.	0.		
12 TRINITY MEDICAL CENTER	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)

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 TRINITY HEALTH SYSTEMS, INC.		Employer identification number 42-1222877
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	0.
2 Adjustments and preferences:		
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3
4 Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount }	4e
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5
6	Alternative tax net operating loss deduction. See instructions	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a
b	Multiply line 8a by 25% (0.25)	8b
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c
9	Subtract line 8c from line 7. If zero or less, enter -0-	9
10	Multiply line 9 by 20% (0.20)	10
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14

JWA For Paperwork Reduction Act Notice, see separate instructions.

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

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
GENERAL & ADMINISTRATIVE		1,144,613.	
LIMIT DEDUCTIONS TO REVENUE		-1,304,073.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		-159,460.	

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 2

CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199