

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

**2017**

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

▶ Go to [www.irs.gov/Form990T](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).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>TRINITY REGIONAL MEDICAL CENTER</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>802 KENYON RD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>FORT DODGE, IA 50501</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>42-1009175</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>621500 541900</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>159,235,132.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**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 2**

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

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	<b>0.</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>0.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>0.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>0.</b>

Part III Tax Computation

Table with 3 columns: Description, Line Number, 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 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (41a-41e), Other taxes (42-43), Total tax (44), Payments (45a-45g), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Credited/Refunded amounts (50).

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

Table with 3 columns: Question, Yes, No. Includes questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

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, and box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check 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	<b>Cost of goods sold.</b> 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	<b>Total.</b> 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)		%		
<b>Totals</b> .....			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.
<b>Total dividends-received deductions</b> 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)				
<b>Totals</b> .....			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)				
<b>Totals</b> .....		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)						
<b>Totals</b> .....		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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

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

OMB No. 1545-0123

Name  <b>TRINITY REGIONAL MEDICAL CENTER</b>	Employer identification number  <b>42-1009175</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, 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				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	TRINITY REGIONAL MEDICAL CENTER	42-1009175	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.
<b>Total</b>				50,000.	25,000.	2,500,744.	2,575,744.

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

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	IOWA 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.
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 HEALTH SYSTEMS, INC. 42-1222877	17-12	0.	0.	0.		0.
<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 MEDICAL CENTER 36-2739299	17-12	0.	0.	9,164.		9,164.
2	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD. 36-3924720	17-12	0.	0.	15,792.		15,792.
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							
<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%	
<b>1</b> TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		0.		
<b>2</b> ABBE MANAGEMENT CORPORATION	0.	0.	0.		0.		
<b>3</b> ABBEHEALTH, INC.	0.	0.	0.		0.		
<b>4</b> AGING SERVICES, INC.	0.	0.	0.		0.		
<b>5</b> ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	0.		0.		
<b>6</b> BELCREST SERVICES LTD	0.	0.	0.		0.		
<b>7</b> BROADBAND, INC.	0.	0.	0.		0.		
<b>8</b> CENTRAL IOWA HOSPITAL CORPORATION	7,500.	6,250.	263,212.		11,750.		288,712.
<b>9</b> HCP CORPORATION	0.	0.	16,918.		0.		16,918.
<b>10</b> HEALTH PLUS INC	0.	0.	0.		0.		
<b>11</b> HNC SERVICES	0.	0.	0.		0.		
<b>12</b> IOWA HEALTH FOUNDATION	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%	
<b>1</b> IOWA HEALTH SYSTEM	0.	0.	36,005.		0.		36,005.
<b>2</b> IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.		0.		
<b>3</b> KEOKUK AREA HOSPITAL	0.	0.	0.		0.		
<b>4</b> KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	0.	0.	0.		0.		
<b>5</b> MEDIMORE, INC.	0.	0.	0.		0.		
<b>6</b> MERITER HEALTH SERVICES, INC.	0.	0.	140,195.		0.		140,195.
<b>7</b> MERITER HOSPITAL, INC.	0.	0.	0.		0.		
<b>8</b> MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.		0.		
<b>9</b> METHODIST HEALTH VENTURES, INC.	0.	0.	0.		0.		
<b>10</b> METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.		0.		
<b>11</b> METHODIST SERVICES, INC.	0.	0.	0.		0.		
<b>12</b> NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	4,107.		0.		4,107.
<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 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 HEALTH SYSTEMS, INC.	0.	0.	0.		0.		
<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						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 TRINITY MEDICAL CENTER	0.	0.	3,116.		0.		3,116.
2 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	0.	0.	5,369.		0.		5,369.
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							
<b>Total</b>							

**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 REGIONAL MEDICAL CENTER	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.		
<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				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
<b>1</b> IOWA HEALTH SYSTEM	0.	0.	0.		
<b>2</b> IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	0.		
<b>3</b> KEOKUK AREA HOSPITAL	0.	0.	0.		
<b>4</b> KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC.	9,375.	0.	0.		
<b>5</b> MEDIMORE, INC.	9,375.	10,000.	37,500.		
<b>6</b> MERITER HEALTH SERVICES, INC.	0.	0.	0.		
<b>7</b> MERITER HOSPITAL, INC.	0.	500.	1,875.		
<b>8</b> MERITER MANAGEMENT SERVICES, INC.	9,375.	0.	0.		
<b>9</b> METHODIST HEALTH VENTURES, INC.	9,375.	0.	0.		
<b>10</b> METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.		
<b>11</b> METHODIST SERVICES, INC.	0.	0.	0.		
<b>12</b> 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 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 HEALTH SYSTEMS, INC.	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 MEDICAL CENTER	0.	0.	0.		
2 TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	9,375.	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>TRINITY REGIONAL MEDICAL CENTER</b>		Employer identification number <b>42-1009175</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 .....	0.
<b>2 Adjustments and preferences:</b>		
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
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
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. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	4d
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 <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	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	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	7
<b>8 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- .....	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	<b>Alternative minimum tax.</b> 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)

\* SEE ALSO

STATEMENT 4

**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 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....		10	

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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UNRELATED BUSINESS INCOME FROM LABORATORY, LAUNDRY, ACCOUNTING, TRANSCRIPTION, AND LOGISTIC SERVICES.

TO FORM 990-T, PAGE 1

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

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CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199

FORM 990-T

CONTRIBUTIONS SUMMARY

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	
FOR TAX YEAR 2013	20,000
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	
FOR TAX YEAR 2016	20,000

TOTAL CARRYOVER 40,000

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 40,000

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 40,000

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 40,000

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 4626	AMT CONTRIBUTIONS	STATEMENT	4
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2012			
FOR TAX YEAR 2013	16,577		
FOR TAX YEAR 2014			
FOR TAX YEAR 2015			
FOR TAX YEAR 2016	20,000		
TOTAL CARRYOVER		36,577	
CURRENT YEAR CONTRIBUTIONS			
TOTAL CONTRIBUTIONS		36,577	
10% OF TAXABLE INCOME AS ADJUSTED		0	
EXCESS CONTRIBUTIONS		36,577	
ALLOWABLE CONTRIBUTIONS		0	
AMT CHARITABLE DEDUCTION		0	
REGULAR CONTRIBUTION DEDUCTION		0	
AMT CONTRIBUTION ADJUSTMENT		0	