

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

**2016**

For calendar year 2016 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury  
Internal Revenue Service

<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)(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)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>UNITYPOINT AT HOME</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>11333 AURORA AVENUE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>URBANDALE, IA 50322</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>42-1477471</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>621610 900099</b></p>
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**C** Book value of all assets at end of year: **80,624,612.**

**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. ▶ **HOME MEDICAL EQUIPMENT SALES**

**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 4**

**J** The books are in care of ▶ **CRAIG R. FLANAGAN, VP/CFO** Telephone number ▶ **515-557-3100**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <b>377,237.</b>				
b Less returns and allowances	c Balance ▶	<b>377,237.</b>		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3	<b>377,237.</b>		<b>377,237.</b>
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	<b>59,496.</b>	<b>STMT 1</b>	<b>59,496.</b>
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12			
13 <b>Total.</b> Combine lines 3 through 12	13	<b>436,733.</b>		<b>436,733.</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)				
15 Salaries and wages	15			<b>72,386.</b>
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			<b>4,958.</b>
20 Charitable contributions (See instructions for limitation rules) <b>STATEMENT 5 SEE STATEMENT 2</b>	20			<b>8,469.</b>
21 Depreciation (attach Form 4562)	21		<b>16,056.</b>	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			<b>16,056.</b>
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			<b>22,042.</b>
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	28			<b>235,597.</b>
29 <b>Total deductions.</b> Add lines 14 through 28	29			<b>359,508.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			<b>77,225.</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>77,225.</b>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33			<b>1,000.</b>
34 <b>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	34			<b>76,225.</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.

Type or print  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>UNITYPOINT AT HOME</b>	Enter filer's identifying number Employer identification number (EIN) or <b>42-1477471</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11333 AURORA AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>URBANDALE, IA 50322</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CRAIG R. FLANAGAN, VP/CFO**

• The books are in the care of ▶ **11333 AURORA AVENUE - URBANDALE, IA 50322**  
 Telephone No. ▶ **515-557-3100** Fax No. ▶ **515-557-3249**

• If the organization does not have an office or place of business in the United States, check this box    
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2016** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<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>	\$	35,659.
<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>	\$	22,559.
<b>c</b> <b>Balance due.</b> 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>	\$	13,100.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include 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 2 columns: Description and Amount. Rows include 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 to 2017 estimated tax (50).

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

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

Sign Here section with fields for Signature of officer, Date, Title (VP/CFO), and Preparer information (Print/Type preparer's name, Preparer's signature, Date, Check 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) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			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)				
			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).
<b>Totals</b>			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).	
<b>Totals</b>		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.
<b>Totals</b>		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)						
<b>Totals (carry to Part II, line (5))</b>		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> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

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

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

Enter here and on page 1, Part II, line 27.

**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. Enter here and on page 1, Part II, line 14</b> .....			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](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name <b>UNITYPOINT AT HOME</b>	Employer identification number <b>42-1477471</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. **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)

619335 04-01-16 JWA

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

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

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	UNITYPOINT AT HOME	16-12	0.	0.	76,225.		76,225.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION	16-12	0.	0.	2,513.		2,513.	
3	BELCREST SERVICES LTD	16-12	0.	0.	0.		0.	
4	BROADBAND, INC.	16-12	0.	0.	0.		0.	
5	CENTRAL IOWA HOSPITAL CORPORATION	16-12	50,000.	25,000.	1,110,755.		1,185,755.	
6	HCP CORPORATION	16-12	0.	0.	27,974.		27,974.	
7	HEALTH PLUS INC	16-12	0.	0.	0.		0.	
8	HNC SERVICES	16-12	0.	0.	0.		0.	
9	IOWA HEALTH FOUNDATION	16-12	0.	0.	0.		0.	
10	IOWA HEALTH SYSTEM	16-12	0.	0.	0.		0.	
11	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	16-12	0.	0.	71.		71.	
12	MEDIMORE, INC.	16-12	0.	0.	0.		0.	
<b>Total</b>			50,000.	25,000.	2,394,404.		2,469,404.	

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



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

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

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	MERITER HEALTH SERVICES, INC. 39-1412318	16-12	0.	0.	839,297.		839,297.	
2	MERITER HOSPITAL, INC. 39-0806367	16-12	0.	0.	11,674.		11,674.	
3	MERITER MANAGEMENT SERVICES, INC. 39-1458235	16-12	0.	0.	0.		0.	
4	METHODIST HEALTH VENTURES, INC. 37-1140939	16-12	0.	0.	0.		0.	
5	METHODIST MEDICAL CENTER OF ILLINOIS 37-0661223	16-12	0.	0.	0.		0.	
6	METHODIST SERVICES, INC. 37-1111134	16-12	0.	0.	0.		0.	
7	NORTHWEST IOWA HOSPITAL CORPORATION 42-1019872	16-12	0.	0.	8,266.		8,266.	
8	PHYSICIANS PLUS INSURANCE CORPORATION 39-1565691	16-12	0.	0.	0.		0.	
9	PRECEDENCE, INC. 37-1288604	16-12	0.	0.	94,066.		94,066.	
10	PROCTOR HOSPITAL 37-0681540	16-12	0.	0.	1,427.		1,427.	
11	PROVIDER RESOURCE MANAGEMENT, INC. 37-1223550	16-12	0.	0.	0.		0.	
12	ST. LUKE'S METHODIST HOSPITAL 42-0504780	16-12	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	STL HEALTH RESOURCES CO, 42-1193499	16-12	0.	0.	47,628.		47,628.	
2	THE FINLEY HOSPITAL 42-0680354	16-12	0.	0.	14,738.		14,738.	
3	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 36-3678909	16-12	0.	0.	0.		0.	
4	TRIMARK PHYSICIANS GROUP 45-3791448	16-12	0.	0.	0.		0.	
5	TRINITY HEALTH ENTERPRISES, INC., 36-3320141	16-12	0.	0.	0.		0.	
6	TRINITY HEALTH SYSTEMS, INC., 42-1222877	16-12	0.	0.	0.		0.	
7	TRINITY MEDICAL CENTER 36-2739299	16-12	0.	0.	0.		0.	
8	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD., 36-3924720	16-12	0.	0.	159,770.		159,770.	
9	TRINITY REGIONAL MEDICAL CENTER 42-1009175	16-12	0.	0.	0.		0.	
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	UNITYPOINT AT HOME	0.	0.	25,917.	0.	0.	0.	25,917.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	854.	0.	0.	0.	854.	
3	BELCREST SERVICES LTD	0.	0.	0.	0.	0.	0.	0.	
4	BROADBAND, INC.	0.	0.	0.	0.	0.	0.	0.	
5	CENTRAL IOWA HOSPITAL CORPORATION	7,500.	6,250.	377,657.	0.	11,750.	0.	403,157.	
6	HCP CORPORATION	0.	0.	9,511.	0.	0.	0.	9,511.	
7	HEALTH PLUS INC	0.	0.	0.	0.	0.	0.	0.	
8	HNC SERVICES	0.	0.	0.	0.	0.	0.	0.	
9	IOWA HEALTH FOUNDATION	0.	0.	0.	0.	0.	0.	0.	
10	IOWA HEALTH SYSTEM	0.	0.	0.	0.	0.	0.	0.	
11	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.	0.	24.	0.	0.	0.	24.	
12	MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	0.	
<b>Total</b>		<b>7,500.</b>	<b>6,250.</b>	<b>814,097.</b>		<b>11,750.</b>		<b>839,597.</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	MERITER HEALTH SERVICES, INC.	0.	0.	285,361.	0.	0.	0.	285,361.
2	MERITER HOSPITAL, INC.	0.	0.	3,969.	0.	0.	0.	3,969.
3	MERITER MANAGEMENT SERVICES, INC.	0.	0.	0.	0.	0.	0.	
4	METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	
5	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.	0.	
6	METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	
7	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	2,810.	0.	0.	0.	2,810.
8	PHYSICIANS PLUS INSURANCE CORPORATION	0.	0.	0.	0.	0.	0.	
9	PRECEDENCE, INC.	0.	0.	31,982.	0.	0.	0.	31,982.
10	PROCTOR HOSPITAL	0.	0.	485.	0.	0.	0.	485.
11	PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.	
12	ST. LUKE'S METHODIST HOSPITAL	0.	0.	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	STL HEALTH RESOURCES CO.	0.	0.	16,194.		0.		16,194.	
2	THE FINLEY HOSPITAL	0.	0.	5,011.		0.		5,011.	
3	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.		0.			
4	TRIMARK PHYSICIANS GROUP	0.	0.	0.		0.			
5	TRINITY HEALTH ENTERPRISES, INC.	0.	0.	0.		0.			
6	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.		0.			
7	TRINITY MEDICAL CENTER	0.	0.	0.		0.			
8	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	0.	0.	54,322.		0.		54,322.	
9	TRINITY REGIONAL MEDICAL CENTER	0.	0.	0.		0.			
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				(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	UNITYPOINT AT HOME					
2	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	2,600.	9,750.		
3	BELCREST SERVICES LTD	10,714.				
4	BROADBAND, INC.	10,715.	0.	0.		
5	CENTRAL IOWA HOSPITAL CORPORATION	0.				
6	HCP CORPORATION	10,714.				
7	HEALTH PLUS INC	10,714.				
8	HNC SERVICES	10,715.	15,400.	57,750.		
9	IOWA HEALTH FOUNDATION	0.				
10	IOWA HEALTH SYSTEM	0.				
11	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	0.				
12	MEDIMORE, INC.	10,715.				
	<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
1	MERITER HEALTH SERVICES, INC.	0.				
2	MERITER HOSPITAL, INC.	0.	15,500.	58,125.		
3	MERITER MANAGEMENT SERVICES, INC.	10,714.				
4	METHODIST HEALTH VENTURES, INC.	10,714.	5,000.	18,750.		
5	METHODIST MEDICAL CENTER OF ILLINOIS	0.				
6	METHODIST SERVICES, INC.	0.				
7	NORTHWEST IOWA HOSPITAL CORPORATION	0.				
8	PHYSICIANS PLUS INSURANCE CORPORATION	10,715.				
9	PRECEDENCE, INC.	10,714.				
10	PROCTOR HOSPITAL	0.	1,500.	5,625.		
11	PROVIDER RESOURCE MANAGEMENT, INC.	10,714.				
12	ST. LUKE'S METHODIST HOSPITAL	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	STL HEALTH RESOURCES CO.	10,714.				
2	THE FINLEY HOSPITAL	0.				
3	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.				
4	TRIMARK PHYSICIANS GROUP	0.				
5	TRINITY HEALTH ENTERPRISES, INC.	10,714.				
6	TRINITY HEALTH SYSTEMS, INC.	0.				
7	TRINITY MEDICAL CENTER	0.				
8	TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD.	10,714.	0.	0.		
9	TRINITY REGIONAL MEDICAL CENTER	0.				
10						
11						
12						
	<b>Total</b>					

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



**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name <b>UNITYPOINT AT HOME</b>		Employer identification number <b>42-1477471</b>
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 .....	1 76,225.
2	<b>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 76,225.
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions .....	4a 76,225.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions .....	4b 0.
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"> <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>	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	5 76,225.
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 76,225.
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 0.
b	Multiply line 8a by 25% (0.25) .....	8b 0.
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 40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0- .....	9 36,225.
10	Multiply line 9 by 20% (0.20) .....	10 7,245.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions .....	11
12	Tentative minimum tax. Subtract line 11 from line 10 .....	12 7,245.
13	Regular tax liability before applying all credits except the foreign tax credit .....	13 25,917.
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 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

\* SEE ALSO

**STATEMENT 7**

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	76,225.
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	76,225.



FORM 990-T		CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CONTRIBUTIONS	N/A		8,469.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			8,469.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
PURCHASED SERVICES	5,236.
A & G ALLOCATION	93,788.
SUPPLIES	126,984.
RENTAL EXPENSES	6,698.
MISCELLANEOUS	2,891.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	235,597.

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FORM 990-T      PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER      STATEMENT      4

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CORPORATION'S NAME

IDENTIFYING NO

IOWA HEALTH SYSTEM

42-1435199

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	8,104
FOR TAX YEAR 2012	3,737
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	10,788
FOR TAX YEAR 2015	12,052

TOTAL CARRYOVER 34,681

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 8,469

TOTAL CONTRIBUTIONS AVAILABLE 43,150

TAXABLE INCOME LIMITATION AS ADJUSTED 8,469

EXCESS 10% CONTRIBUTIONS 34,681

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 34,681

ALLOWABLE CONTRIBUTIONS DEDUCTION 8,469

TOTAL CONTRIBUTION DEDUCTION 8,469

FORM 990-T	TAX COMPUTATION	STATEMENT	6
1.	TAXABLE INCOME . . . . .	76,225	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2 . . . . .	76,225	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4 . . . . .	76,225	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	76,225	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	0	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	25,917	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX. . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		25,917



FORM 4626	AMT CONTRIBUTIONS	STATEMENT 7
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2011	8,104	
FOR TAX YEAR 2012	3,737	
FOR TAX YEAR 2013		
FOR TAX YEAR 2014	10,788	
FOR TAX YEAR 2015	12,052	
TOTAL CARRYOVER		34,681
CURRENT YEAR CONTRIBUTIONS		8,469
TOTAL CONTRIBUTIONS		43,150
10% OF TAXABLE INCOME AS ADJUSTED		8,469
EXCESS CONTRIBUTIONS		34,681
ALLOWABLE CONTRIBUTIONS		8,469
AMT CHARITABLE DEDUCTION		8,469
REGULAR CONTRIBUTION DEDUCTION		8,469
AMT CONTRIBUTION ADJUSTMENT		0

FORM 990-T

TAXES AND LICENSES

STATEMENT 8

DESCRIPTION

AMOUNT

IOWA TAXES - BASED ON INCOME

4,958.

TOTAL TO FORM 990-T, LINE 19

4,958.

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

**2016**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name **UNITYPOINT AT HOME** Employer identification number **42-1477471**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	25,917.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c	Credit for federal tax paid on fuels (see instructions) .....	2c	
d	Total. Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....	3	25,917.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	24,380.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	24,380.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	04/15/16	06/15/16	09/15/16	12/15/16
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column. ....	5,914.	5,913.	6,458.	4,263.
11	<b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	8,359.	4,900.	8,500.	800.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12	Enter amount, if any, from line 18 of the preceding column .....		2,445.	1,432.	3,474.
13	Add lines 11 and 12 .....		7,345.	9,932.	4,274.
14	Add amounts on lines 16 and 17 of the preceding column .....				
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	8,359.	7,345.	9,932.	4,274.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		0.	0.	
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....				
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	2,445.	1,432.	3,474.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions .....	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19 .....	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016 .....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 4\% (0.04)$ ...	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2016 and before 10/1/2016 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 4\% (0.04)$ ...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017 .....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 4\% (0.04)$ ...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017 ...	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$ ...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017 .....	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$ .....	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017 ...	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$ .....	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018 .....	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$ .....	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$ .....	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	37	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns .....	38	\$		0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c, 2, 3a-3c, 4-6, 7-9c, 10, 11a-11c, 12-13, 14, 15, 16, 17, 18, 19) and calculations for tax after credits.

**Part II** Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	11,595.	17,393.	42,619.	49,738.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	69,570.	69,572.	85,238.	66,317.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	69,570.	69,572.	85,238.	66,317.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	23,654.	23,654.	29,072.	22,548.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	23,654.	23,654.	29,072.	22,548.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	23,654.	23,654.	29,072.	22,548.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	5,914.	11,827.	21,804.	22,548.

**Part III** Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	5,914.	11,827.	21,804.	22,548.
33	Add the amounts in all preceding columns of line 32. See instructions		5,914.	11,827.	18,285.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	5,914.	5,913.	9,977.	4,263.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	6,095.	6,095.	6,095.	6,095.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		181.	363.	
37	Add lines 35 and 36	6,095.	6,276.	6,458.	6,095.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	5,914.	5,913.	6,458.	4,263.

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**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**