

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TRINITY MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>36-2739299</b>	
	Doing business as		<b>E</b> Telephone number <b>309-779-2200</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2701 17TH ST</b>		<b>G</b> Gross receipts \$ <b>423,019,017.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ROCK ISLAND, IL 61201</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: <b>ROBERT ERICKSON</b> <b>SAME AS C ABOVE</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.UNITYPOINT.ORG/QUADCITIES</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1969</b> <b>M</b> State of legal domicile: <b>IL</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>3900</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>443</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>69,154.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>11,042.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>4,636,005.</b> <b>Prior Year</b> <b>4,158,221.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>398,185,756.</b> <b>394,548,435.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10,842,492.</b> <b>9,647,835.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,025,734.</b> <b>2,364,513.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>415,689,987.</b> <b>410,719,004.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>24,480,038.</b> <b>23,358,471.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>188,776,765.</b> <b>187,081,760.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>187,426,989.</b> <b>189,821,824.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>400,683,792.</b> <b>400,262,055.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>15,006,195.</b> <b>10,456,949.</b>
	<b>20</b> Total assets (Part X, line 16) <b>446,449,284.</b> <b>Beginning of Current Year</b> <b>425,861,620.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>202,787,687.</b> <b>189,307,980.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>243,661,597.</b> <b>236,553,640.</b>	

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>KATHERINE MARCHIK, SR VP FINANCE/CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF TRINITY MEDICAL CENTER IS TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 356,680,721. including grants of \$ 12,760,726. ) (Revenue \$ 396,758,187. )

HEALTH-CARE SERVICES

TRINITY MEDICAL CENTER IS AN IMPORTANT ELEMENT OF THE HEALTH-CARE DELIVERY SYSTEM THAT THE QUAD CITY COMMUNITIES RELY ON EVERY DAY. IT IS COMMITTED TO PROVIDING QUALITY HEALTH CARE AND TO USING ITS RESOURCES TO THE GREATEST COMMUNITY BENEFIT.

TRINITY MEDICAL CENTER PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES TO TREAT INDIVIDUALS WITH DISEASES, ILLNESS AND INJURIES WITH VARYING COMPLEXITIES. IT PROVIDES SERVICES TO IMPROVE THE HEALTH OF PATIENTS AND TO BETTER THEIR QUALITY OF LIFE. ALL SERVICES ARE PROVIDED REGARDLESS OF AN INDIVIDUAL'S RACE, CREED, SEX, NATIONALITY, HANDICAP, AGE OR ABILITY TO COMPENSATE FOR SERVICES RENDERED. THESE INCLUDE, BUT ARE NOT LIMITED TO, GENERAL ACUTE CARE, SURGERIES,

4b (Code: ) (Expenses \$ 22,642,213. including grants of \$ 10,597,745. ) (Revenue \$ 0. )

COMMUNITY BENEFIT, INCLUDING CHARITY CARE

CHARITY CARE AND MEANS-TESTED PROGRAMS: TRINITY MEDICAL CENTER PROVIDES CHARITY CARE AND OTHER MEANS-TESTED PROGRAMS WITH THE GOAL TO IMPROVE THE COMMUNITY'S OVERALL HEALTH AND ACCESS TO CARE. THIS INCLUDES HEALTH-CARE SERVICES REGARDLESS OF THE PATIENT'S INSURANCE COVERAGE OR FINANCIAL STATUS. CHARITY CARE AND PARTIAL TO FULL FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS. CHARITY CARE WAS MADE AVAILABLE AT A VALUE OF \$3,414,310 IN 2018. OFTENTIMES, TRINITY MEDICAL CENTER RECEIVES PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN IT CHARGES FOR SERVICES. TRINITY MEDICAL CENTER PARTICIPATES IN MEDICAID AND OTHER GOVERNMENT-SPONSORED

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 379,322,934.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b> X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 3900		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
<b>16b</b>		X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**DEANNA GRAY, FINANCE DIRECTOR - REGIONAL LIAISON - 515-224-7140**  
**4949 WESTOWN PKWY, STE 255, WEST DES MOINES, IA 50266**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AJ AHMED, MD BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
GREGORIO AGUILAR BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
MARY ANN ANDERSON BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
COSTAS CONSTANTINOU BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
PATRICK EIKENBERRY BOARD VICE CHAIR	1.00 1.00	X		X			0.	0.	0.	
PASTOR STACIE FIDLAR BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
L.J. SHAWN KEEVEN BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
MSGR MARK MERDIAN BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
RANDY MOORE (TO 7/18) BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
TODD NICHOLSON BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
COLLEEN RAFFERTY BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
MARK SCHWIEBERT BOARD MEMBER	1.00 1.00	X					206.	15,175.	0.	
RICHARD SEIDLER BOARD MEMBER/PRESIDENT/CEO	40.00 1.00	X		X			657,663.	0.	-846.	
JANET SICHTERMAN BOARD CHAIR	1.00 1.00	X		X			0.	14,357.	0.	
KARLA STEELE BOARD MEMBER	1.00 1.00	X					254.	0.	0.	
DANA WILKINSON BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
MARIE ZIEGLER BOARD MEMBER	1.00 1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMARA BYRAM VP LEGAL & COMPLIANCE	40.00 1.00			X				188,159.	0.	32,232.
KATHERINE MARCHIK SR VP FINANCE/CFO	40.00 1.00			X				633,315.	0.	78,555.
PAUL MCLOONE, MD CMO/COO	40.00 1.00			X				384,862.	0.	32,232.
DEEPAK AHUJA, MD REGIONAL MEDICAL DIRECTOR	40.00 1.00			X				405,332.	0.	36,443.
MATTHEW BEHRENS REG VP/CLINIC OPS & VP/PHYS & AMB SV	1.00 40.00			X				0.	335,604.	56,212.
DENNIS DUKE PRESIDENT RYC	1.00 40.00			X				253,354.	0.	28,700.
CARA FULLER (TO 7/18) VP HUMAN RESOURCES	40.00 1.00			X				161,289.	0.	18,367.
ANGELA JOHNSON (FR 10/18) VP HUMAN RESOURCES	40.00 1.00			X				58,572.	167,133.	34,682.
KEVIN KURTH, MD MEDICAL DIRECTOR-ER/TRAUMA	40.00 1.00			X				619,382.	0.	39,007.
<b>1b Sub-total</b>								3,362,388.	532,269.	355,584.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,429,611.	6,461.	302,685.
<b>d Total (add lines 1b and 1c)</b>								7,791,999.	538,730.	658,269.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 167

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICES INC 27310 NETWORK PLACE, CHICAGO, IL 60673	FOOD & FACILITY SVCS	4,106,656.
CARDIOVASCULAR MEDICINE, PC, 1236 E RUSHOLME ST, STE 300, DAVENPORT, IA 52803	PHYSICIAN SERVICES	2,805,400.
AMN HEALTHCARE INC 12400 HIGH BLUFF DR, SAN DIEGO, CA 92130	STAFFING SERVICES	1,601,468.
CHG COMPANIES INC, 7259 S BINGHAM JUNCTION BLVD, MIDVALE, UT 84047	PHYSICIAN SERVICES	1,538,324.
OBHG ILLINOIS SC 10 CENTIMETERS DR, MAULDIN, SC 29662	PHYSICIAN SERVICES	1,518,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 98

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	4,963.				
	<b>d</b> Related organizations .....	<b>1d</b>	4,112,968.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	40,290.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		4,158,221.				
	<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE .....	<b>Business Code</b> 900099	388,682,472.	388,682,472.		
<b>b</b> RENTAL INCOME .....		531390	2,438,999.	2,438,999.			
<b>c</b> SUBS & JOINT VENTURES .....		900099	1,116,052.	1,116,052.			
<b>d</b> MISCELLANEOUS REVENUE .....		900099	1,043,660.	1,043,660.			
<b>e</b> LABORATORY SERVICES .....		621500	630,391.	630,391.			
<b>f</b> All other program service revenue .....		561000	636,861.	567,707.	69,154.		
<b>g Total.</b> Add lines 2a-2f .....			394,548,435.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,718,107.	4,072.		4,714,035.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	16,776,288.				
		(ii) Other	43,850.				
		<b>b</b> Less: cost or other basis and sales expenses .....	11,605,890.	284,520.			
		<b>c</b> Gain or (loss) .....	5,170,398.	-240,670.			
	<b>d</b> Net gain or (loss) .....		4,929,728.			4,929,728.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 4,963. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	27,714.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	12,753.			
<b>c</b> Net income or (loss) from fundraising events .....			14,961.			14,961.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	508,614.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	396,850.				
	<b>c</b> Net income or (loss) from sales of inventory .....		111,764.			111,764.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> SHARED SAVINGS REVENUE .....	900099	1,433,798.	1,433,798.				
	<b>b</b> MISCELLANEOUS .....	900099	771,882.	771,882.			
	<b>c</b> CAFETERIA/FOOD SVCS .....	722210	32,108.			32,108.	
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		2,237,788.					
<b>12 Total revenue.</b> See instructions .....		410,719,004.	396,689,033.	69,154.	9,802,596.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,338,471.	23,338,471.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,000.	20,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,189,130.		5,189,130.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	42,326.		42,326.	
7 Other salaries and wages	149,477,787.	139,046,639.	10,431,148.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,849,642.	4,511,215.	338,427.	
9 Other employee benefits	19,127,209.	17,792,437.	1,334,772.	
10 Payroll taxes	8,395,666.	7,809,783.	585,883.	
11 Fees for services (non-employees):				
a Management	1,561,618.	1,561,618.		
b Legal	350,685.	14,700.	335,985.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	873,386.	319,256.	554,130.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,579,183.	34,828,105.	751,078.	
12 Advertising and promotion	443,602.	442,657.	945.	
13 Office expenses	4,158,990.	3,620,046.	538,944.	
14 Information technology	-3,902,321.	-3,902,321.		
15 Royalties				
16 Occupancy	7,820,954.	7,604,487.	216,467.	
17 Travel	144,067.	111,580.	32,487.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,685.	42,538.	17,147.	
20 Interest	7,373,706.	7,373,585.	121.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,869,068.	18,415,854.	453,214.	
23 Insurance	3,140,585.	3,140,575.	10.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	77,421,600.	77,394,833.	26,767.	
b <b>MISCELLANEOUS EXPENSE</b>	35,914,232.	35,829,548.	84,684.	
c <b>BAD DEBT EXPENSE</b>	7,328.	7,328.		
d <b>INCOME TAXES</b>	5,456.		5,456.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	400,262,055.	379,322,934.	20,939,121.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,450,544.	<b>1</b>	6,184,049.
	<b>2</b> Savings and temporary cash investments .....	30,803.	<b>2</b>	318,296.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	50,161,915.	<b>4</b>	43,321,210.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	12,825,188.	<b>7</b>	8,311,159.
	<b>8</b> Inventories for sale or use .....	8,908,500.	<b>8</b>	9,489,660.
	<b>9</b> Prepaid expenses and deferred charges .....	1,333,148.	<b>9</b>	1,422,540.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 415,233,036.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 251,215,899.		
	<b>11</b> Investments - publicly traded securities .....	170,895,094.	<b>10c</b>	164,017,137.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	158,220,767.	<b>11</b>	152,228,702.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	31,265,798.	<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	29,648,168.
	<b>15</b> Other assets. See Part IV, line 11 .....	11,357,527.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	446,449,284.	<b>15</b>	10,920,699.	
		<b>16</b>	425,861,620.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,576,275.	<b>17</b>	21,790,816.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	656,104.	<b>19</b>	94,823.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	6,538,670.	<b>23</b>	3,664,069.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	3,293,648.	<b>24</b>	2,168,790.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	168,722,990.	<b>25</b>	161,589,482.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	202,787,687.	<b>26</b>	189,307,980.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	238,153,373.	<b>27</b>	231,457,559.
	<b>28</b> Temporarily restricted net assets .....	5,221,308.	<b>28</b>	3,181,168.
	<b>29</b> Permanently restricted net assets .....	286,916.	<b>29</b>	1,914,913.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	243,661,597.	<b>33</b>	236,553,640.	
<b>34</b> Total liabilities and net assets/fund balances .....	446,449,284.	<b>34</b>	425,861,620.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	410,719,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	400,262,055.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,456,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,661,597.
5	Net unrealized gains (losses) on investments	5	-14,349,877.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,215,029.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	236,553,640.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

TRINITY MEDICAL CENTER

Employer identification number

36-2739299

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>TRINITY MEDICAL CENTER</b>	Employer identification number  <b>36-2739299</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 753,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 29,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 808,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,210,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 340,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TRINITY MEDICAL CENTER</b>	Employer identification number  <b>36-2739299</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>TRINITY MEDICAL CENTER</b>	Employer identification number  <b>36-2739299</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** TRINITY MEDICAL CENTER **Employer identification number** 36-2739299

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	127,796,016.	129,113,462.	129,030,164.	128,132,004.	129,639,131.
b Contributions	2,436,569.	2,386,052.	3,245,347.	2,548,567.	2,477,695.
c Net investment earnings, gains, and losses	0.		569,377.	84,797.	342,790.
d Grants or scholarships	2,848,711.	3,517,951.	908,024.	506,039.	3,349,680.
e Other expenditures for facilities and programs		185,547.	2,823,402.		
f Administrative expenses	0.			1,229,165.	977,932.
g End of year balance	127,383,874.	127,796,016.	129,113,462.	129,030,164.	128,132,004.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  96.00 %
- b Permanent endowment  1.50 %
- c Temporarily restricted endowment  2.50 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,909,905.		6,909,905.
b Buildings		284,637,987.	166,833,522.	117,804,465.
c Leasehold improvements				
d Equipment		108,341,542.	77,145,281.	31,196,261.
e Other		15,343,602.	7,237,096.	8,106,506.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				164,017,137.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BENEFICIAL INTEREST IN		
(2) TRINITY HEALTH FOUNDATION	4,875,021.	END-OF-YEAR MARKET VALUE
(3) QUAD CITY AMBULATORY		
(4) SURGERY CENTER	3,065,250.	END-OF-YEAR MARKET VALUE
(5) ADVANCED IMAGING CENTER	893,754.	END-OF-YEAR MARKET VALUE
(6) MISSISSIPPI VALLEY SLEEP		
(7) DISORDER CENTER, L.C.	549,270.	END-OF-YEAR MARKET VALUE
(8) UPHT-SCA HOLDINGS, LLC	17,977,500.	END-OF-YEAR MARKET VALUE
(9) METRO MRI	361,171.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	29,648,168.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,083,665.
(3) ASBESTOS REMOVAL LIABILITY	1,596,238.
(4) SELF-INSURANCE RESERVE	11,544,475.
(5) LONG-TERM RETENTION INCENTIVES	4,852,335.
(6) HEALTH AND WELFARE BENEFITS	
(7) RESERVE	2,240,924.
(8) IOWA HEALTH SYSTEM NOTE PAYABLE	138,161,255.
(9) CONTINGENCIES LIABILITY	2,110,590.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	161,589,482.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	439,293,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-14,349,877.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	48,781,865.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	34,431,988.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	404,861,012.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	554,130.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,303,862.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,857,992.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	410,719,004.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	419,865,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	43,459,161.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	43,459,161.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	376,405,839.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	554,130.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	23,302,086.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	23,856,216.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	400,262,055.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION. IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY.

**PART X, LINE 2:**

UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND

Part XIII Supplemental Information (continued)

STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE.

THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2015. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUBSIDIARY ELIMINATING ENTRIES (MISSISSIPPI VALLEY SLEEP DISORDER CENTER)	508,000.
SUBSIDIARY ELIMINATING ENTRIES (THE ROBERT YOUNG CTR FOR COMM MENTAL HEALTH)	24,007,494.
SUBSIDIARY ELIMINATING ENTRIES (UPHT-SCA HOLDINGS)	23,842,252.
COST OF GOODS SOLD	396,816.
REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE	26,927.
ROUNDING	376.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	48,781,865.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUES IN UNRESTRICTED FUND BALANCE	3,073,530.
IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE	

**Part XIII** Supplemental Information (continued)

REBATES	2,210,408.
SPECIAL EVENT EXPENSES	19,924.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	5,303,862.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUBSIDIARY ELIMINATING ENTRIES (MISSISSIPPI VALLEY SLEEP DISORDER CENTER)	612,150.
SUBSIDIARY ELIMINATING ENTRIES (THE ROBERT YOUNG CTR FOR COMM MENTAL HEALTH)	24,007,494.
SUBSIDIARY ELIMINATING ENTRIES (TRINITY PHYSICIAN HOSPITAL ORG.)	21,300.
SUBSIDIARY ELIMINATING ENTRIES (UPHT-SCA HOLDINGS)	18,420,146.
COST OF GOODS SOLD	396,816.
ROUNDING	1,255.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	43,459,161.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES IN UNRESTRICTED FUND BALANCE	21,071,754.
IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE	
REBATES	2,210,408.
SPECIAL EVENT EXPENSES	19,924.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	23,302,086.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GARDEN PARTY (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	32,677.			32,677.
	<b>2</b> Less: Contributions .....	4,963.			4,963.
	<b>3</b> Gross income (line 1 minus line 2) .....	27,714.			27,714.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	300.			300.
	<b>7</b> Food and beverages .....	6,500.			6,500.
	<b>8</b> Entertainment .....	5,953.			5,953.
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				12,753.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				14,961.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization **TRINITY MEDICAL CENTER** Employer identification number **36-2739299**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600</u> %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		13,546	3,414,310.		3,414,310.	.85%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		61,442	70,665,510.	62,698,783.	7,966,727.	1.99%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....		74,988	74,079,820.	62,698,783.	11,381,037.	2.84%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		57,201	123,965.		123,965.	.03%
<b>f</b> Health professions education (from Worksheet 5) .....		25	406,626.	28,716.	377,910.	.09%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....			274,746.	113,190.	161,556.	.04%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....		2,000	17,956,063.	7,358,318.	10,597,745.	2.65%
<b>j Total.</b> Other Benefits .....		59,226	18,761,400.	7,500,224.	11,261,176.	2.81%
<b>k Total.</b> Add lines 7d and 7j .....		134,214	92,841,220.	70,199,007.	22,642,213.	5.65%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support		52,349	125,877.	0.	125,877.	.03%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		52,349	125,877.		125,877.	.03%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	98,826,148.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	100,963,501.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-2,137,353.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
2 MISSISSIPPI VALLEY SLEEP DISORDER CENTERS	SLEEP STUDY CLINIC	51.00%		49.00%
3 ADVANCED IMAGING CENTER, LLC	DIAGNOSTIC RADIOLOGY CENTER	50.00%		50.00%



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.UNITYPOINT.ORG/QUADCITIES</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.QUADCITIES.HEALTHFORECAST.NET</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.UNITYPOINT.ORG/QUADCITIES</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	21	X	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2018

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FACILITY REPORTING GROUP - A

PART V, LINE 16A, FAP WEBSITE:

WWW.UNITYPOINT.ORG/QUADCITIES/FINANCIAL-ASSISTANCE.ASPX

FACILITY REPORTING GROUP - A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.UNITYPOINT.ORG/QUADCITIES/FINANCIAL-ASSISTANCE.ASPX

FACILITY REPORTING GROUP - A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.UNITYPOINT.ORG/QUADCITIES/FINANCIAL-ASSISTANCE.ASPX

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: TRINITY MEDICAL CENTER - ROCK ISLAND
- FACILITY 2: TRINITY MEDICAL CENTER - MOLINE
- FACILITY 3: TRINITY MEDICAL CENTER - BETTENDORF

GROUP A-FACILITY 1 -- TRINITY MEDICAL CENTER - ROCK ISLAND

PART V, SECTION B, LINE 5: FOLLOWING STEERING COMMITTEE MEMBERS:

BROOKE BARNES, SCOTT COUNTY HEALTH DEPARTMENT

MARIAH BENSON, ROCK ISLAND COUNTY HEALTH DEPARTMENT

TOM BOWMAN, COMMUNITY HEALTH CARE, INC.

NICOLE CARKNER, QUAD CITY HEALTH INITIATIVE (QCHI)

RACHEL EVANS, QUAD CITY HEALTH INITIATIVE (QCHI)

ELLEN GACKLE, SCOTT COUNTY HEALTH DEPARTMENT

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

JANET HILL, ROCK ISLAND COUNTY HEALTH DEPARTMENT

DANIEL JOINER, UNITYPOINT HEALTH - TRINITY

NITA LUDWIG, ROCK ISLAND COUNTY HEALTH DEPARTMENT

HENRY MARQUARD, GENESIS HEALTH SYSTEM

EDWARD RIVERS, SCOTT COUNTY HEALTH DEPARTMENT

CHRISTY ROBY WILLIAMS, UNITYPOINT HEALTH - TRINITY & MUSCATINE PUBLIC HEALTH DEPARTMENT

PAT SHOUSE, UNITYPOINT HEALTH - TRINITY

JERICA THOMPSON, UNITYPOINT HEALTH - TRINITY

TIFFANY TJEPKES, SCOTT COUNTY HEALTH DEPARTMENT

HAL WAGHER, GENESIS HEALTH SYSTEM

GROUP A-FACILITY 1 -- TRINITY MEDICAL CENTER - ROCK ISLAND

PART V, SECTION B, LINE 6A: GENESIS HEALTH SYSTEM

GROUP A-FACILITY 1 -- TRINITY MEDICAL CENTER - ROCK ISLAND

PART V, SECTION B, LINE 6B: COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, MUSCATINE COUNTY PUBLIC HEALTH DEPARTMENT, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY PUBLIC HEALTH DEPARTMENT

GROUP A-FACILITY 1 -- TRINITY MEDICAL CENTER - ROCK ISLAND

PART V, SECTION B, LINE 11: IN 2015, THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN THE QUAD CITIES AREA IDENTIFIED 13 AREAS OF OPPORTUNITY REPRESENTING THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. UNITYPOINT HEALTH - TRINITY CHOSE FIVE OF THOSE AREAS TO FOCUS ON OVER THE NEXT THREE YEARS, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS IN THE AREA THAT WERE CONCENTRATING ON THE OTHER NEEDS IDENTIFIED THAT WERE NOT KEY AREAS OF

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOCUS FOR UNITYPOINT HEALTH - TRINITY.

DIABETES & NUTRITION, PHYSICAL ACTIVITY & WEIGHT: DIABETES PREVALENCE, FRUIT/VEGETABLE CONSUMPTION, AND OVERWEIGHT & OBESITY (ADULTS).

-- %(NON-DIABETES) BLOOD SUGAR TESTED IN PAST 3 YEARS INCREASED: 2015 = 48.5%, 2018 = 50%

-- POPULATION WITH LOW FOOD ACCESS DECREASED: 2015 = 14.6%, 2018 = 13.9%

-- % CHILDREN (AGES 5-17) WITHIN HEALTHY WEIGHT INCREASED: 2015 = 57%, 2018 = 61.5%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR DIABETES, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT:

-- BLOOD SUGAR SCREENINGS - ATTENDED 34 MOBILE PARTIES WHERE 902 BLOOD SUGAR SCREENINGS WERE CONDUCTED WITH 30% SCREENING ABNORMAL, AND 213 REFERRED FOR FOLLOW-UP

-- WORKPLACE DIABETES SESSIONS AND SCREENINGS - 20 PRESENTATIONS AT WORKPLACES

-- LIVEWELL AND COMMUNITY CLASSES - PARTICIPATED IN 13 SYMPOSIUMS, CLASSES, PRESENTATIONS AND HEALTH FAIRS

-- PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH): 124 ROCK ISLAND & SCOTT COUNTY SCHOOLS COMPLETED WELLNESS ASSESSMENTS, 16 SAFE ROUTES TO SCHOOL COMPLETED, 8 COMMUNITY GARDENS COMPLETED, 31 PARTNERS COLLABORATE ON QC TRAILS, AND 35 ORGANIZATIONS RECEIVED BE HEALTHY QUAD CITIES

WORKSITE WELLNESS RECOGNITION

-- JDRF WALK SPONSOR FOR JUVENILE DIABETES - 7,600 PARTICIPANTS, \$785,000 RAISED

-- DIABETES SELF-MANAGEMENT TRAINING, EDUCATION AND SUPPORT VISITS FOR THOSE ALREADY DIAGNOSED (2018) - 1,978

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**HEART DISEASE & STROKE: HEART DISEASE DEATHS AND PREVALENCE.**

-- DECREASED THE DISEASES OF THE HEART (AGE-ADJUSTED DEATH RATE) FROM 191 IN 2015 TO 165 IN 2018

-- % OF HEART DISEASE (HEART ATTACK, ANGINA, CORONARY DISEASE) DECREASED BY 2% BETWEEN 2015-2018

-- THE QUAD CITIES IS FARING BETTER THAN THE US AVERAGE, AND HP2020 GOAL FOR STROKE (AGE-ADJUSTED DEATHS) OF 34. US - 37.1, HP2020 GOAL - 34.8

THE FOLLOWING ACTIVITIES AND INITIATIVES FROM 2016-2018 THAT HELPED TO SUPPORT THE GOALS FOR HEART DISEASE AND STROKE:

-- RIVER BEND FOODBANK MOBILE PANTRIES - 44 MOBILE PANTRIES WITH 1,160 BLOOD PRESSURE SCREENINGS, 44% SCREENING ABNORMAL, AND 82 REFERRED FOR FOLLOW-UP

-- JOHN DEERE GLOBAL COMMUNITIES INITIATIVE (LARGELY HISPANIC NEIGHBORHOOD OF FLORECIENTE): EDUCATION CLASSES ON HEALTHY EATING AND EXERCISE AT BOYS & GIRLS CLUB, HEALTH EDUCATION TO COMMUNITY AT MERCADO ON FIFTH, HABITAT FOR HUMANITY HEALTHY HOME CLASS, CHILDREN FROM BOYS & GIRLS CLUB PARTICIPATED IN 2017 HEART WALK, WROTE AND AWARDED A GRANT FROM GLOBAL COMMUNITIES TO ESTABLISH A BILINGUAL COMMUNITY HEALTH ADVOCATE/CNA, AND HIRED FOR THE POSITION (POSITION START DATE Q1 2019).

-- QUAD CITIES ALLIANCE FOR IMMIGRANTS & REFUGEES (QC AIR) AND WORLD RELIEF: DEVELOPED COMMUNITY HEALTH LANGUAGE RESOURCE CARD TO ASSIST WITH LANGUAGE BARRIERS AND REDUCE TIME TO REQUEST INTERPRETER FOR CARE, HELPED CREATE DOCUMENTS TO ASSIST IMMIGRANTS AND REFUGEES UNDERSTAND APPROPRIATE USE OF HEALTHCARE SERVICES (PCP, EXPRESS CARE, ED), DEVELOPMENT OF DIVERSITY/CULTURAL AWARENESS WORK, HOSTED FOCUS GROUP TO IDENTIFY MAJOR ISSUES, PERCEPTIONS AND ASSETS WITHIN THE IMMIGRANT & REFUGEE COMMUNITIES RELATED TO HEALTH AND QUALITY OF LIFE - 12 ATTENDED.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-- AMERICAN HEART ASSOCIATION HEART WALK - 2,700-3,500 PARTICIPANTS EACH YEAR WITH \$510,000 RAISED OVER THE THREE YEARS

-- COMMUNITY EDUCATION ON HEART DISEASE - 50 EVENTS WITH 14,000 PARTICIPANTS, 30 STROKE SUPPORT GROUP SESSIONS WITH AN AVERAGE OF 13 PARTICIPANTS PER SESSION

-- HEARTAWARE & STROKEAWARE RISK ASSESSMENTS - 1,209 ASSESSMENTS, 682 AT RISK, 1,284 CONSULTS

MENTAL HEALTH/BEHAVIORAL HEALTH: FAIR/POOR MENTAL HEALTH, SYMPTOMS OF CHRONIC DEPRESSION, SUICIDE DEATHS, AND FAIR/POOR EASE OF OBTAINING MENTAL HEALTH SERVICES.

-- SUICIDE (AGE-ADJUSTED DEATH RATE) DECREASED - 2015 = 16.2%, 2018 = 15.7%

-- 91% OF THOSE DIAGNOSED DEPRESSION ARE SEEKING HELP IN THE COMMUNITY VS 87% THROUGHOUT THE U.S.

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR MENTAL AND BEHAVIORAL HEALTH:

-- INTEGRATE BEHAVIORAL HEALTH PROFESSIONALS INTO COMMUNITY HEALTH CARE AND UNITYPOINT CLINICS - 46 SITES

-- INTEGRATED BEHAVIORAL HEALTH PROFESSIONALS INTO FIVE SCHOOL DISTRICTS - 37 SCHOOLS

-- EXPAND BEHAVIORAL HEALTH SERVICES IN THE ROCK ISLAND COUNTY JAIL SYSTEM - 1,829 SERVED IN THE JAIL

-- PARTNER WITH ENTITIES IN THE EASTERN IOWA REGION TO INCREASE ACCESS FOR PATIENTS IN IOWA - 3,483 PATIENTS SERVED BY CRISIS LINE AND TELEHEALTH CRISIS

-- CONTINUE TO UTILIZE TRINITY'S CRISIS STABILIZATION UNIT TO QUICKLY ASSESS PATIENTS ENTERING THE ED AND DE-ESCALATE BEHAVIORAL HEALTH PATIENTS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN CRISIS - PATIENTS RECONNECTED TO THE COMMUNITY (60% IN 2016, N=2,420 PATIENTS ASSESSED BY CSU) (58% IN 2017, N=6,015 PATIENTS ASSESSED BY CSU) (65% IN 2018, N=5,963 PATIENTS ASSESSED BY CSY)

-- PARTNER WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TO INCREASE EDUCATION AND AWARENESS OF MENTAL HEALTH CHALLENGES - 9 EVENTS WITH 7,700 PARTICIPANTS, INCLUDING THE NAMI WALK, WHICH RAISED \$111,390 IN 2018

-- CONTINUE TO INCREASE ENROLLMENTS IN COORDINATED CARE PROGRAMS BY PARTNERING WITH MANAGED CARE AND OTHER ORGANIZATIONS - 6,819 TOTAL ENROLLEES

-- PROVIDE EDUCATION AND AWARENESS SURROUNDING DRUG AND ALCOHOL ABUSE IN YOUTH, PRESCRIPTION DRUG ABUSE, AND PREVENTION TRAINING (2018): 9 PROGRAMS FOR YOUTH YOUTH - 2,256 CHILDREN, MORE THAN 1,638 HOURS, MERCHANT ALCOHOL TRAINING - 161 PARTICIPANTS, 40 HOURS, YEAR-LONG PROGRAM, PRESCRIPTION DRUG TOOLKIT - 124 PARTICIPANTS, 50 HOURS, YEAR-LONG PROGRAM, PARTICIPATED IN SCOTT COUNTY ADVISORY COUNCIL, 9 PREVENTION/PRESENTATIONS FOR YOUTH - 1,211 STUDENTS, 5 HEALTH AND SAFETY FAIRS - 4,435 ATTENDED, ENTERED PARTNERSHIP WITH EVERFI TO PROVIDE FREE PRESCRIPTION DRUG SAFETY PROGRAM TO SCHOOLS IN ROCK ISLAND, SCOTT, HENRY, AND MUSCATINE COUNTY  
CANCER: CANCER DEATHS, INCIDENCE, PREVALENCE (SKIN AND NON-SKIN), AND FEMALE BREAST CANCER SCREENING.

-- DECREASED IN THE AGE-ADJUSTED DEATH RATE FOR CANCER - 2015 = 183, 2018 = 170

-- INCREASED THE % WOMEN 50-74 WHO RECEIVED MAMMOGRAM IN THE PAST 2 YEARS BY 9%

-- DECREASED FEMALE BREAST CANCER INCIDENCE PER 100,000 BY 12.6%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR CANCER:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-- PINK PASS BREAST CANCER AWARENESS PROGRAM - 254 EVENTS, 7,922 PEOPLE REACHED WITH HEALTH EDUCATION AND VOUCHERS FOR MAMMOGRAMS

-- SKIN CANCER AWARENESS: IN 2017, A COMMUNITY OUTREACH COORDINATOR WAS HIRED TO PROMOTE PREVENTATIVE CANCER SCREENINGS/AWARENESS, IN 2018, PREVENTION EDUCATION WAS PROVIDED AT 43 HEALTH FAIRS, MOBILE PANTRIES AND EVENTS WITH 3,164 PEOPLE REACHED

-- LUNG CANCER SCREENING FOR INDIVIDUALS AT HIGH RISK - 1,683 PEOPLE SCREENED, 24 LUNG CANCERS IDENTIFIED

ACCESS TO HEALTHCARE: BARRIERS TO ACCESS (INCONVENIENT OFFICE HOURS, COST OF PRESCRIPTIONS, APPOINTMENT AVAILABILITY, FINDING A PHYSICIAN, LACK OF TRANSPORTATION, COST OF CHILD'S PHYSICIAN VISIT), PRIMARY CARE PHYSICIAN RATIO, SPECIFIC SOURCE OF ONGOING MEDICAL CARE.

-- % OF COMMUNITY THAT HAVE A PARTICULAR PLACE FOR MEDICAL CARE INCREASED FROM 83% IN 2015 TO 86% IN 2018

-- PRIMARY CARE DOCTORS PER 100,000 INCREASED FROM 66.4 IN 2015 TO 75.3 IN 2018

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR ACCESS TO HEALTHCARE:

-- CONTINUE EFFORTS SURROUNDING PHYSICIAN RECRUITMENT TO INCREASE THE NUMBER OF PRIMARY CARE PROVIDERS WITHIN THE REGION - 18 PRIMARY CARE SITES, 40 PHYSICIANS, 23 ADVANCED PRACTITIONERS

-- IMPLEMENTATION OF 340B PROGRAM, IMPROVING ACCESS TO NECESSARY MEDICATIONS FOR PATIENTS IN NEED: 2016 - ALLOWED TRINITY ACCESS TO DISCOUNTED DRUGS, SAVING AN ESTIMATED \$1.4 MILLION IN ROCK ISLAND AND MOLINE, 2017 - ACCESS TO SAVINGS OF \$7,002,487 IN DISCOUNTED DRUGS IN ROCK ISLAND, MOLINE AND BETTENDORF, AND PROVIDED \$2,046 IN DISCHARGE PRESCRIPTION ASSISTANCE, 2018 - PROVIDED \$15,964 IN DISCHARGE PRESCRIPTION

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE FOR 354 PATIENTS

-- IMPROVE ACCESS AND AVAILABILITY OF TRANSLATION SERVICES FOR PATIENTS

(TOTALS IN MINUTES) 2017 & 2018 - VIDEO REMOTE INTERPRETING TOTAL =

69,373, OVER-THE-PHONE INTERPRETING = 51,518, VIDEO REPORT INTERPRETING (AUDIO) = 46,853

-- PARISH NURSING: 51,743 INDIVIDUAL CONTACTS, 1,603 EDUCATIONAL PROGRAM

CLASSES WITH 16,284 PARTICIPANTS, 1,069 SUPPORT GROUPS WITH 7,195

PARTICIPANTS, 11,777 BLOOD PRESSURE SCREENINGS WITH INDIVIDUALS, 1,217

ABNORMAL READINGS 2016 & 2017. IN 2018, 100 FOOT CLINICS WITH 644 PEOPLE,

185 NEW DOCTOR REFERRALS, 148 REFERRALS TO WALK-IN CLINICS, 130 REFERRALS

TO ED, AND 7 NEW RNS/HEALTH ADVOCATES.

GROUP A-FACILITY 1 -- TRINITY MEDICAL CENTER - ROCK ISLAND

PART V, SECTION B, LINE 13H: PATIENTS WHO QUALIFY AND ARE RECEIVING

BENEFITS FROM THE FOLLOWING PROGRAMS MAY BE PRESUMED ELIGIBLE FOR 100%

FINANCIAL ASSISTANCE: THE US. DEPARTMENT OF AGRICULTURE FOOD AND

NUTRITION SERVICE FOOD STAMP PROGRAM; WOMEN, INFANTS & CHILDREN (WIC); AND

VARIOUS COUNTY AND STATE RELIEF PROGRAMS. THIRD PARTY AGENCIES ARE USED

TO ASSIST WITH COLLECTIONS AND, IF THOSE AGENCIES PROVIDE A STATEMENT

REGARDING A PATIENT'S LIKELY INCOME LEVEL, THAT INFORMATION IS USED IN

DETERMINING THE ELIGIBILITY STATUS AND THE LEVEL OF DISCOUNT AVAILABLE.

GROUP A-FACILITY 2 -- TRINITY MEDICAL CENTER - MOLINE

PART V, SECTION B, LINE 5: FOLLOWING STEERING COMMITTEE MEMBERS:

BROOKE BARNES, SCOTT COUNTY HEALTH DEPARTMENT

MARIAH BENSON, ROCK ISLAND COUNTY HEALTH DEPARTMENT

TOM BOWMAN, COMMUNITY HEALTH CARE, INC.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NICOLE CARKNER, QUAD CITY HEALTH INITIATIVE (QCHI)

RACHEL EVANS, QUAD CITY HEALTH INITIATIVE (QCHI)

ELLEN GACKLE, SCOTT COUNTY HEALTH DEPARTMENT

JANET HILL, ROCK ISLAND COUNTY HEALTH DEPARTMENT

DANIEL JOINER, UNITYPOINT HEALTH - TRINITY

NITA LUDWIG, ROCK ISLAND COUNTY HEALTH DEPARTMENT

HENRY MARQUARD, GENESIS HEALTH SYSTEM

EDWARD RIVERS, SCOTT COUNTY HEALTH DEPARTMENT

CHRISTY ROBY WILLIAMS, UNITYPOINT HEALTH - TRINITY & MUSCATINE PUBLIC HEALTH DEPARTMENT

PAT SHOUSE, UNITYPOINT HEALTH - TRINITY

JERICA THOMPSON, UNITYPOINT HEALTH - TRINITY

TIFFANY TJEPKES, SCOTT COUNTY HEALTH DEPARTMENT

HAL WAGHER, GENESIS HEALTH SYSTEM

GROUP A-FACILITY 2 -- TRINITY MEDICAL CENTER - MOLINE

PART V, SECTION B, LINE 6A: GENESIS HEALTH SYSTEM

GROUP A-FACILITY 2 -- TRINITY MEDICAL CENTER - MOLINE

PART V, SECTION B, LINE 6B: COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, MUSCATINE COUNTY PUBLIC HEALTH DEPARTMENT, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY PUBLIC HEALTH DEPARTMENT

GROUP A-FACILITY 2 -- TRINITY MEDICAL CENTER - MOLINE

PART V, SECTION B, LINE 11: IN 2015, THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN THE QUAD CITIES AREA IDENTIFIED 13 AREAS OF OPPORTUNITY REPRESENTING THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. UNITYPOINT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH - TRINITY CHOSE FIVE OF THOSE AREAS TO FOCUS ON OVER THE NEXT THREE YEARS, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS IN THE AREA THAT WERE CONCENTRATING ON THE OTHER NEEDS IDENTIFIED THAT WERE NOT KEY AREAS OF FOCUS FOR UNITYPOINT HEALTH - TRINITY.

DIABETES & NUTRITION, PHYSICAL ACTIVITY & WEIGHT: DIABETES PREVALENCE, FRUIT/VEGETABLE CONSUMPTION, AND OVERWEIGHT & OBESITY (ADULTS).

-- %(NON-DIABETES) BLOOD SUGAR TESTED IN PAST 3 YEARS INCREASED: 2015 = 48.5%, 2018 = 50%

-- POPULATION WITH LOW FOOD ACCESS DECREASED: 2015 = 14.6%, 2018 = 13.9%

-- % CHILDREN (AGES 5-17) WITHIN HEALTHY WEIGHT INCREASED: 2015 = 57%, 2018 = 61.5%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR DIABETES, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT:

-- BLOOD SUGAR SCREENINGS - ATTENDED 34 MOBILE PARTIES WHERE 902 BLOOD SUGAR SCREENINGS WERE CONDUCTED WITH 30% SCREENING ABNORMAL, AND 213 REFERRED FOR FOLLOW-UP

-- WORKPLACE DIABETES SESSIONS AND SCREENINGS - 20 PRESENTATIONS AT WORKPLACES

-- LIVEWELL AND COMMUNITY CLASSES - PARTICIPATED IN 13 SYMPOSIUMS, CLASSES, PRESENTATIONS AND HEALTH FAIRS

-- PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH): 124 ROCK ISLAND & SCOTT COUNTY SCHOOLS COMPLETED WELLNESS ASSESSMENTS, 16 SAFE ROUTES TO SCHOOL COMPLETED, 8 COMMUNITY GARDENS COMPLETED, 31 PARTNERS COLLABORATE ON QC TRAILS, AND 35 ORGANIZATIONS RECEIVED BE HEALTHY QUAD CITIES

WORKSITE WELLNESS RECOGNITION

-- JDRF WALK SPONSOR FOR JUVENILE DIABETES - 7,600 PARTICIPANTS, \$785,000

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## RAISED

-- DIABETES SELF-MANAGEMENT TRAINING, EDUCATION AND SUPPORT VISITS FOR THOSE ALREADY DIAGNOSED (2018) - 1,978

HEART DISEASE & STROKE: HEART DISEASE DEATHS AND PREVALENCE.

-- DECREASED THE DISEASES OF THE HEART (AGE-ADJUSTED DEATH RATE) FROM 191 IN 2015 TO 165 IN 2018

-- % OF HEART DISEASE (HEART ATTACK, ANGINA, CORONARY DISEASE) DECREASED BY 2% BETWEEN 2015-2018

-- THE QUAD CITIES IS FARING BETTER THAN THE US AVERAGE, AND HP2020 GOAL FOR STROKE (AGE-ADJUSTED DEATHS) OF 34. US - 37.1, HP2020 GOAL - 34.8

THE FOLLOWING ACTIVITIES AND INITIATIVES FROM 2016-2018 THAT HELPED TO SUPPORT THE GOALS FOR HEART DISEASE AND STROKE:

-- RIVER BEND FOODBANK MOBILE PANTRIES - 44 MOBILE PANTRIES WITH 1,160 BLOOD PRESSURE SCREENINGS, 44% SCREENING ABNORMAL, AND 82 REFERRED FOR FOLLOW-UP

-- JOHN DEERE GLOBAL COMMUNITIES INITIATIVE (LARGELY HISPANIC NEIGHBORHOOD OF FLORECIENTE): EDUCATION CLASSES ON HEALTHY EATING AND EXERCISE AT BOYS & GIRLS CLUB, HEALTH EDUCATION TO COMMUNITY AT MERCADO ON FIFTH, HABITAT FOR HUMANITY HEALTHY HOME CLASS, CHILDREN FROM BOYS & GIRLS CLUB PARTICIPATED IN 2017 HEART WALK, WROTE AND AWARDED A GRANT FROM GLOBAL COMMUNITIES TO ESTABLISH A BILINGUAL COMMUNITY HEALTH ADVOCATE/CNA, AND HIRED FOR THE POSITION (POSITION START DATE Q1 2019).

-- QUAD CITIES ALLIANCE FOR IMMIGRANTS & REFUGEES (QC AIR) AND WORLD RELIEF: DEVELOPED COMMUNITY HEALTH LANGUAGE RESOURCE CARD TO ASSIST WITH LANGUAGE BARRIERS AND REDUCE TIME TO REQUEST INTERPRETER FOR CARE, HELPED CREATE DOCUMENTS TO ASSIST IMMIGRANTS AND REFUGEES UNDERSTAND APPROPRIATE USE OF HEALTHCARE SERVICES (PCP, EXPRESS CARE, ED), DEVELOPMENT OF

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DIVERSITY/CULTURAL AWARENESS WORK, HOSTED FOCUS GROUP TO IDENTIFY MAJOR ISSUES, PERCEPTIONS AND ASSETS WITHIN THE IMMIGRANT & REFUGEE COMMUNITIES RELATED TO HEALTH AND QUALITY OF LIFE - 12 ATTENDED.

-- AMERICAN HEART ASSOCIATION HEART WALK - 2,700-3,500 PARTICIPANTS EACH YEAR WITH \$510,000 RAISED OVER THE THREE YEARS

-- COMMUNITY EDUCATION ON HEART DISEASE - 50 EVENTS WITH 14,000 PARTICIPANTS, 30 STROKE SUPPORT GROUP SESSIONS WITH AN AVERAGE OF 13 PARTICIPANTS PER SESSION

-- HEARTAWARE & STROKEAWARE RISK ASSESSMENTS - 1,209 ASSESSMENTS, 682 AT RISK, 1,284 CONSULTS

MENTAL HEALTH/BEHAVIORAL HEALTH: FAIR/POOR MENTAL HEALTH, SYMPTOMS OF CHRONIC DEPRESSION, SUICIDE DEATHS, AND FAIR/POOR EASE OF OBTAINING MENTAL HEALTH SERVICES.

-- SUICIDE (AGE-ADJUSTED DEATH RATE) DECREASED - 2015 = 16.2%, 2018 = 15.7%

-- 91% OF THOSE DIAGNOSED DEPRESSION ARE SEEKING HELP IN THE COMMUNITY VS 87% THROUGHOUT THE U.S.

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR MENTAL AND BEHAVIORAL HEALTH:

-- INTEGRATE BEHAVIORAL HEALTH PROFESSIONALS INTO COMMUNITY HEALTH CARE AND UNITYPOINT CLINICS - 46 SITES

-- INTEGRATED BEHAVIORAL HEALTH PROFESSIONALS INTO FIVE SCHOOL DISTRICTS - 37 SCHOOLS

-- EXPAND BEHAVIORAL HEALTH SERVICES IN THE ROCK ISLAND COUNTY JAIL SYSTEM - 1,829 SERVED IN THE JAIL

-- PARTNER WITH ENTITIES IN THE EASTERN IOWA REGION TO INCREASE ACCESS FOR PATIENTS IN IOWA - 3,483 PATIENTS SERVED BY CRISIS LINE AND TELEHEALTH

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## CRISIS

-- CONTINUE TO UTILIZE TRINITY'S CRISIS STABILIZATION UNIT TO QUICKLY ASSESS PATIENTS ENTERING THE ED AND DE-ESCALATE BEHAVIORAL HEALTH PATIENTS IN CRISIS - PATIENTS RECONNECTED TO THE COMMUNITY (60% IN 2016, N=2,420

PATIENTS ASSESSED BY CSU) (58% IN 2017, N=6,015 PATIENTS ASSESSED BY CSU)

(65% IN 2018, N=5,963 PATIENTS ASSESSED BY CSY)

-- PARTNER WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TO INCREASE EDUCATION AND AWARENESS OF MENTAL HEALTH CHALLENGES - 9 EVENTS WITH 7,700 PARTICIPANTS, INCLUDING THE NAMI WALK, WHICH RAISED \$111,390 IN 2018

-- CONTINUE TO INCREASE ENROLLMENTS IN COORDINATED CARE PROGRAMS BY PARTNERING WITH MANAGED CARE AND OTHER ORGANIZATIONS - 6,819 TOTAL

## ENROLLEES

-- PROVIDE EDUCATION AND AWARENESS SURROUNDING DRUG AND ALCOHOL ABUSE IN YOUTH, PRESCRIPTION DRUG ABUSE, AND PREVENTION TRAINING (2018): 9 PROGRAMS FOR YOUTH YOUTH - 2,256 CHILDREN, MORE THAN 1,638 HOURS, MERCHANT ALCOHOL TRAINING - 161 PARTICIPANTS, 40 HOURS, YEAR-LONG PROGRAM, PRESCRIPTION

DRUG TOOLKIT - 124 PARTICIPANTS, 50 HOURS, YEAR-LONG PROGRAM, PARTICIPATED IN SCOTT COUNTY ADVISORY COUNCIL, 9 PREVENTION/PRESENTATIONS FOR YOUTH -

1,211 STUDENTS, 5 HEALTH AND SAFETY FAIRS - 4,435 ATTENDED, ENTERED

PARTNERSHIP WITH EVERFI TO PROVIDE FREE PRESCRIPTION DRUG SAFETY PROGRAM TO SCHOOLS IN ROCK ISLAND, SCOTT, HENRY, AND MUSCATINE COUNTY

CANCER: CANCER DEATHS, INCIDENCE, PREVALENCE (SKIN AND NON-SKIN), AND FEMALE BREAST CANCER SCREENING.

-- DECREASED IN THE AGE-ADJUSTED DEATH RATE FOR CANCER - 2015 = 183, 2018 = 170

-- INCREASED THE % WOMEN 50-74 WHO RECEIVED MAMMOGRAM IN THE PAST 2 YEARS BY 9%

**Part V Facility Information** (continued)

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-- DECREASED FEMALE BREAST CANCER INCIDENCE PER 100,000 BY 12.6%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR CANCER:

-- PINK PASS BREAST CANCER AWARENESS PROGRAM - 254 EVENTS, 7,922 PEOPLE REACHED WITH HEALTH EDUCATION AND VOUCHERS FOR MAMMOGRAMS

-- SKIN CANCER AWARENESS: IN 2017, A COMMUNITY OUTREACH COORDINATOR WAS HIRED TO PROMOTE PREVENTATIVE CANCER SCREENINGS/AWARENESS, IN 2018, PREVENTION EDUCATION WAS PROVIDED AT 43 HEALTH FAIRS, MOBILE PANTRIES AND EVENTS WITH 3,164 PEOPLE REACHED

-- LUNG CANCER SCREENING FOR INDIVIDUALS AT HIGH RISK - 1,683 PEOPLE SCREENED, 24 LUNG CANCERS IDENTIFIED

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-- PRIMARY CARE DOCTORS PER 100,000 INCREASED FROM 66.4 IN 2015 TO 75.3 IN 2018

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR ACCESS TO HEALTHCARE:

-- CONTINUE EFFORTS SURROUNDING PHYSICIAN RECRUITMENT TO INCREASE THE NUMBER OF PRIMARY CARE PROVIDERS WITHIN THE REGION - 18 PRIMARY CARE SITES, 40 PHYSICIANS, 23 ADVANCED PRACTITIONERS

-- IMPLEMENTATION OF 340B PROGRAM, IMPROVING ACCESS TO NECESSARY MEDICATIONS FOR PATIENTS IN NEED: 2016 - ALLOWED TRINITY ACCESS TO DISCOUNTED DRUGS, SAVING AN ESTIMATED \$1.4 MILLION IN ROCK ISLAND AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MOLINE, 2017 - ACCESS TO SAVINGS OF \$7,002,487 IN DISCOUNTED DRUGS IN ROCK ISLAND, MOLINE AND BETTENDORF, AND PROVIDED \$2,046 IN DISCHARGE

PRESCRIPTION ASSISTANCE, 2018 - PROVIDED \$15,964 IN DISCHARGE PRESCRIPTION ASSISTANCE FOR 354 PATIENTS

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(TOTALS IN MINUTES) 2017 & 2018 - VIDEO REMOTE INTERPRETING TOTAL =

69,373, OVER-THE-PHONE INTERPRETING = 51,518, VIDEO REPORT INTERPRETING

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-- PARISH NURSING: 51,743 INDIVIDUAL CONTACTS, 1,603 EDUCATIONAL PROGRAM

CLASSES WITH 16,284 PARTICIPANTS, 1,069 SUPPORT GROUPS WITH 7,195

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ABNORMAL READINGS 2016 & 2017. IN 2018, 100 FOOT CLINICS WITH 644 PEOPLE,

185 NEW DOCTOR REFERRALS, 148 REFERRALS TO WALK-IN CLINICS, 130 REFERRALS

TO ED, AND 7 NEW RNS/HEALTH ADVOCATES.

GROUP A-FACILITY 2 -- TRINITY MEDICAL CENTER - MOLINE

PART V, SECTION B, LINE 13H: PATIENTS WHO QUALIFY AND ARE RECEIVING

BENEFITS FROM THE FOLLOWING PROGRAMS MAY BE PRESUMED ELIGIBLE FOR 100%

FINANCIAL ASSISTANCE: THE US. DEPARTMENT OF AGRICULTURE FOOD AND

NUTRITION SERVICE FOOD STAMP PROGRAM; WOMEN, INFANTS & CHILDREN (WIC); AND

VARIOUS COUNTY AND STATE RELIEF PROGRAMS. THIRD PARTY AGENCIES ARE USED

TO ASSIST WITH COLLECTIONS AND, IF THOSE AGENCIES PROVIDE A STATEMENT

REGARDING A PATIENT'S LIKELY INCOME LEVEL, THAT INFORMATION IS USED IN

DETERMINING THE ELIGIBILITY STATUS AND THE LEVEL OF DISCOUNT AVAILABLE.

GROUP A-FACILITY 3 -- TRINITY MEDICAL CENTER - BETTENDORF

PART V, SECTION B, LINE 5: FOLLOWING STEERING COMMITTEE MEMBERS:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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JERICA THOMPSON, UNITYPOINT HEALTH - TRINITY

TIFFANY TJEPKES, SCOTT COUNTY HEALTH DEPARTMENT

HAL WAGHER, GENESIS HEALTH SYSTEM

GROUP A-FACILITY 3 -- TRINITY MEDICAL CENTER - BETTENDORF

PART V, SECTION B, LINE 6A: GENESIS HEALTH SYSTEM

GROUP A-FACILITY 3 -- TRINITY MEDICAL CENTER - BETTENDORF

PART V, SECTION B, LINE 6B: COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, MUSCATINE COUNTY PUBLIC HEALTH DEPARTMENT, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY PUBLIC HEALTH DEPARTMENT

GROUP A-FACILITY 3 -- TRINITY MEDICAL CENTER - BETTENDORF

**Part V Facility Information** (continued)

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DIABETES & NUTRITION, PHYSICAL ACTIVITY & WEIGHT: DIABETES PREVALENCE, FRUIT/VEGETABLE CONSUMPTION, AND OVERWEIGHT & OBESITY (ADULTS).

-- %(NON-DIABETES) BLOOD SUGAR TESTED IN PAST 3 YEARS INCREASED: 2015 = 48.5%, 2018 = 50%

-- POPULATION WITH LOW FOOD ACCESS DECREASED: 2015 = 14.6%, 2018 = 13.9%

-- % CHILDREN (AGES 5-17) WITHIN HEALTHY WEIGHT INCREASED: 2015 = 57%, 2018 = 61.5%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR DIABETES, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT:

-- BLOOD SUGAR SCREENINGS - ATTENDED 34 MOBILE PARTIES WHERE 902 BLOOD SUGAR SCREENINGS WERE CONDUCTED WITH 30% SCREENING ABNORMAL, AND 213 REFERRED FOR FOLLOW-UP

-- WORKPLACE DIABETES SESSIONS AND SCREENINGS - 20 PRESENTATIONS AT WORKPLACES

-- LIVWELL AND COMMUNITY CLASSES - PARTICIPATED IN 13 SYMPOSIUMS, CLASSES, PRESENTATIONS AND HEALTH FAIRS

-- PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH): 124 ROCK ISLAND & SCOTT COUNTY SCHOOLS COMPLETED WELLNESS ASSESSMENTS, 16 SAFE ROUTES TO SCHOOL COMPLETED, 8 COMMUNITY GARDENS COMPLETED, 31 PARTNERS COLLABORATE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ON QC TRAILS, AND 35 ORGANIZATIONS RECEIVED BE HEALTHY QUAD CITIES

WORKSITE WELLNESS RECOGNITION

-- JDRF WALK SPONSOR FOR JUVENILE DIABETES - 7,600 PARTICIPANTS, \$785,000 RAISED

-- DIABETES SELF-MANAGEMENT TRAINING, EDUCATION AND SUPPORT VISITS FOR THOSE ALREADY DIAGNOSED (2018) - 1,978

HEART DISEASE & STROKE: HEART DISEASE DEATHS AND PREVALENCE.

-- DECREASED THE DISEASES OF THE HEART (AGE-ADJUSTED DEATH RATE) FROM 191 IN 2015 TO 165 IN 2018

-- % OF HEART DISEASE (HEART ATTACK, ANGINA, CORONARY DISEASE) DECREASED BY 2% BETWEEN 2015-2018

-- THE QUAD CITIES IS FARING BETTER THAN THE US AVERAGE, AND HP2020 GOAL FOR STROKE (AGE-ADJUSTED DEATHS) OF 34. US - 37.1, HP2020 GOAL - 34.8

THE FOLLOWING ACTIVITIES AND INITIATIVES FROM 2016-2018 THAT HELPED TO SUPPORT THE GOALS FOR HEART DISEASE AND STROKE:

-- RIVER BEND FOODBANK MOBILE PANTRIES - 44 MOBILE PANTRIES WITH 1,160 BLOOD PRESSURE SCREENINGS, 44% SCREENING ABNORMAL, AND 82 REFERRED FOR FOLLOW-UP

-- JOHN DEERE GLOBAL COMMUNITIES INITIATIVE (LARGELY HISPANIC NEIGHBORHOOD OF FLORECIENTE): EDUCATION CLASSES ON HEALTHY EATING AND EXERCISE AT BOYS & GIRLS CLUB, HEALTH EDUCATION TO COMMUNITY AT MERCADO ON FIFTH, HABITAT FOR HUMANITY HEALTHY HOME CLASS, CHILDREN FROM BOYS & GIRLS CLUB PARTICIPATED IN 2017 HEART WALK, WROTE AND AWARDED A GRANT FROM GLOBAL COMMUNITIES TO ESTABLISH A BILINGUAL COMMUNITY HEALTH ADVOCATE/CNA, AND HIRED FOR THE POSITION (POSITION START DATE Q1 2019).

-- QUAD CITIES ALLIANCE FOR IMMIGRANTS & REFUGEES (QC AIR) AND WORLD RELIEF: DEVELOPED COMMUNITY HEALTH LANGUAGE RESOURCE CARD TO ASSIST WITH

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LANGUAGE BARRIERS AND REDUCE TIME TO REQUEST INTERPRETER FOR CARE, HELPED  
CREATE DOCUMENTS TO ASSIST IMMIGRANTS AND REFUGEES UNDERSTAND APPROPRIATE  
USE OF HEALTHCARE SERVICES (PCP, EXPRESS CARE, ED), DEVELOPMENT OF  
DIVERSITY/CULTURAL AWARENESS WORK, HOSTED FOCUS GROUP TO IDENTIFY MAJOR  
ISSUES, PERCEPTIONS AND ASSETS WITHIN THE IMMIGRANT & REFUGEE COMMUNITIES  
RELATED TO HEALTH AND QUALITY OF LIFE - 12 ATTENDED.

-- AMERICAN HEART ASSOCIATION HEART WALK - 2,700-3,500 PARTICIPANTS EACH  
YEAR WITH \$510,000 RAISED OVER THE THREE YEARS

-- COMMUNITY EDUCATION ON HEART DISEASE - 50 EVENTS WITH 14,000  
PARTICIPANTS, 30 STROKE SUPPORT GROUP SESSIONS WITH AN AVERAGE OF 13  
PARTICIPANTS PER SESSION

-- HEARTAWARE & STROKEAWARE RISK ASSESSMENTS - 1,209 ASSESSMENTS, 682 AT  
RISK, 1,284 CONSULTS

MENTAL HEALTH/BEHAVIORAL HEALTH: FAIR/POOR MENTAL HEALTH, SYMPTOMS OF  
CHRONIC DEPRESSION, SUICIDE DEATHS, AND FAIR/POOR EASE OF OBTAINING MENTAL  
HEALTH SERVICES.

-- SUICIDE (AGE-ADJUSTED DEATH RATE) DECREASED - 2015 = 16.2%, 2018 =  
15.7%

-- 91% OF THOSE DIAGNOSED DEPRESSION ARE SEEKING HELP IN THE COMMUNITY VS  
87% THROUGHOUT THE U.S.

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED  
TO SUPPORT THE GOALS FOR MENTAL AND BEHAVIORAL HEALTH:

-- INTEGRATE BEHAVIORAL HEALTH PROFESSIONALS INTO COMMUNITY HEALTH CARE  
AND UNITYPOINT CLINICS - 46 SITES

-- INTEGRATED BEHAVIORAL HEALTH PROFESSIONALS INTO FIVE SCHOOL DISTRICTS -  
37 SCHOOLS

-- EXPAND BEHAVIORAL HEALTH SERVICES IN THE ROCK ISLAND COUNTY JAIL SYSTEM

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- 1,829 SERVED IN THE JAIL

-- PARTNER WITH ENTITIES IN THE EASTERN IOWA REGION TO INCREASE ACCESS FOR PATIENTS IN IOWA - 3,483 PATIENTS SERVED BY CRISIS LINE AND TELEHEALTH CRISIS

-- CONTINUE TO UTILIZE TRINITY'S CRISIS STABILIZATION UNIT TO QUICKLY ASSESS PATIENTS ENTERING THE ED AND DE-ESCALATE BEHAVIORAL HEALTH PATIENTS IN CRISIS - PATIENTS RECONNECTED TO THE COMMUNITY (60% IN 2016, N=2,420 PATIENTS ASSESSED BY CSU) (58% IN 2017, N=6,015 PATIENTS ASSESSED BY CSU) (65% IN 2018, N=5,963 PATIENTS ASSESSED BY CSU)

-- PARTNER WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TO INCREASE EDUCATION AND AWARENESS OF MENTAL HEALTH CHALLENGES - 9 EVENTS WITH 7,700 PARTICIPANTS, INCLUDING THE NAMI WALK, WHICH RAISED \$111,390 IN 2018

-- CONTINUE TO INCREASE ENROLLMENTS IN COORDINATED CARE PROGRAMS BY PARTNERING WITH MANAGED CARE AND OTHER ORGANIZATIONS - 6,819 TOTAL ENROLLEES

-- PROVIDE EDUCATION AND AWARENESS SURROUNDING DRUG AND ALCOHOL ABUSE IN YOUTH, PRESCRIPTION DRUG ABUSE, AND PREVENTION TRAINING (2018): 9 PROGRAMS FOR YOUTH YOUTH - 2,256 CHILDREN, MORE THAN 1,638 HOURS, MERCHANT ALCOHOL TRAINING - 161 PARTICIPANTS, 40 HOURS, YEAR-LONG PROGRAM, PRESCRIPTION DRUG TOOLKIT - 124 PARTICIPANTS, 50 HOURS, YEAR-LONG PROGRAM, PARTICIPATED IN SCOTT COUNTY ADVISORY COUNCIL, 9 PREVENTION/PRESENTATIONS FOR YOUTH - 1,211 STUDENTS, 5 HEALTH AND SAFETY FAIRS - 4,435 ATTENDED, ENTERED PARTNERSHIP WITH EVERFI TO PROVIDE FREE PRESCRIPTION DRUG SAFETY PROGRAM TO SCHOOLS IN ROCK ISLAND, SCOTT, HENRY, AND MUSCATINE COUNTY  
CANCER: CANCER DEATHS, INCIDENCE, PREVALENCE (SKIN AND NON-SKIN), AND FEMALE BREAST CANCER SCREENING.

-- DECREASED IN THE AGE-ADJUSTED DEATH RATE FOR CANCER - 2015 = 183, 2018

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

= 170

-- INCREASED THE % WOMEN 50-74 WHO RECEIVED MAMMOGRAM IN THE PAST 2 YEARS BY 9%

-- DECREASED FEMALE BREAST CANCER INCIDENCE PER 100,000 BY 12.6%

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR CANCER:

-- PINK PASS BREAST CANCER AWARENESS PROGRAM - 254 EVENTS, 7,922 PEOPLE REACHED WITH HEALTH EDUCATION AND VOUCHERS FOR MAMMOGRAMS

-- SKIN CANCER AWARENESS: IN 2017, A COMMUNITY OUTREACH COORDINATOR WAS HIRED TO PROMOTE PREVENTATIVE CANCER SCREENINGS/AWARENESS, IN 2018, PREVENTION EDUCATION WAS PROVIDED AT 43 HEALTH FAIRS, MOBILE PANTRIES AND EVENTS WITH 3,164 PEOPLE REACHED

-- LUNG CANCER SCREENING FOR INDIVIDUALS AT HIGH RISK - 1,683 PEOPLE SCREENED, 24 LUNG CANCERS IDENTIFIED

ACCESS TO HEALTHCARE: BARRIERS TO ACCESS (INCONVENIENT OFFICE HOURS, COST OF PRESCRIPTIONS, APPOINTMENT AVAILABILITY, FINDING A PHYSICIAN, LACK OF TRANSPORTATION, COST OF CHILD'S PHYSICIAN VISIT), PRIMARY CARE PHYSICIAN RATIO, SPECIFIC SOURCE OF ONGOING MEDICAL CARE.

-- % OF COMMUNITY THAT HAVE A PARTICULAR PLACE FOR MEDICAL CARE INCREASED FROM 83% IN 2015 TO 86% IN 2018

-- PRIMARY CARE DOCTORS PER 100,000 INCREASED FROM 66.4 IN 2015 TO 75.3 IN 2018

THE FOLLOWING ACTIVITIES AND INITIATIVES OVER THE THREE-YEAR PERIOD HELPED TO SUPPORT THE GOALS FOR ACCESS TO HEALTHCARE:

-- CONTINUE EFFORTS SURROUNDING PHYSICIAN RECRUITMENT TO INCREASE THE NUMBER OF PRIMARY CARE PROVIDERS WITHIN THE REGION - 18 PRIMARY CARE SITES, 40 PHYSICIANS, 23 ADVANCED PRACTITIONERS

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-- IMPLEMENTATION OF 340B PROGRAM, IMPROVING ACCESS TO NECESSARY

MEDICATIONS FOR PATIENTS IN NEED: 2016 - ALLOWED TRINITY ACCESS TO

DISCOUNTED DRUGS, SAVING AN ESTIMATED \$1.4 MILLION IN ROCK ISLAND AND

MOLINE, 2017 - ACCESS TO SAVINGS OF \$7,002,487 IN DISCOUNTED DRUGS IN ROCK

ISLAND, MOLINE AND BETTENDORF, AND PROVIDED \$2,046 IN DISCHARGE

PRESCRIPTION ASSISTANCE, 2018 - PROVIDED \$15,964 IN DISCHARGE PRESCRIPTION

ASSISTANCE FOR 354 PATIENTS

-- IMPROVE ACCESS AND AVAILABILITY OF TRANSLATION SERVICES FOR PATIENTS

(TOTALS IN MINUTES) 2017 & 2018 - VIDEO REMOTE INTERPRETING TOTAL =

69,373, OVER-THE-PHONE INTERPRETING = 51,518, VIDEO REPORT INTERPRETING

(AUDIO) = 46,853

-- PARISH NURSING: 51,743 INDIVIDUAL CONTACTS, 1,603 EDUCATIONAL PROGRAM

CLASSES WITH 16,284 PARTICIPANTS, 1,069 SUPPORT GROUPS WITH 7,195

PARTICIPANTS, 11,777 BLOOD PRESSURE SCREENINGS WITH INDIVIDUALS, 1,217

ABNORMAL READINGS 2016 & 2017. IN 2018, 100 FOOT CLINICS WITH 644 PEOPLE,

185 NEW DOCTOR REFERRALS, 148 REFERRALS TO WALK-IN CLINICS, 130 REFERRALS

TO ED, AND 7 NEW RNS/HEALTH ADVOCATES.

GROUP A-FACILITY 3 -- TRINITY MEDICAL CENTER - BETTENDORF

PART V, SECTION B, LINE 13H: PATIENTS WHO QUALIFY AND ARE RECEIVING

BENEFITS FROM THE FOLLOWING PROGRAMS MAY BE PRESUMED ELIGIBLE FOR 100%

FINANCIAL ASSISTANCE: THE US. DEPARTMENT OF AGRICULTURE FOOD AND

NUTRITION SERVICE FOOD STAMP PROGRAM; WOMEN, INFANTS & CHILDREN (WIC); AND

VARIOUS COUNTY AND STATE RELIEF PROGRAMS. THIRD PARTY AGENCIES ARE USED

TO ASSIST WITH COLLECTIONS AND, IF THOSE AGENCIES PROVIDE A STATEMENT

REGARDING A PATIENT'S LIKELY INCOME LEVEL, THAT INFORMATION IS USED IN

DETERMINING THE ELIGIBILITY STATUS AND THE LEVEL OF DISCOUNT AVAILABLE.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Multiple horizontal lines for providing supplemental information.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 6A:**

TRINITY MEDICAL CENTER'S COMMUNITY BENEFIT REPORT IS CONTAINED WITHIN THE IOWA HEALTH SYSTEM COMMUNITY BENEFIT REPORT WHICH CAN BE LOCATED AT WWW.UNITYPOINT.ORG. THIS SYSTEM-WIDE REPORT IS COMPLETED IN ADDITION TO THE COMMUNITY BENEFIT REPORT FOR THE HOSPITAL AND ITS REGIONAL AFFILIATES.

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**PART I, LINE 7:**

A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A. THE AMOUNTS ON LINES 7B-7C (UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS) ARE OBTAINED FROM A COST ACCOUNTING SYSTEM OF APPLICABLE PATIENT SEGMENTS. SEGMENTS NOT PASSED TO COST ACCOUNTING SYSTEM USE SEGMENT SPECIFIC COST-TO-CHARGE RATIO. THE AMOUNTS FOR LINES 7E, F, H, AND I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND ARE BASED ON COST. THE AMOUNTS ON 7G ARE DERIVED FROM A COST ACCOUNTING SYSTEM OF APPLICABLE PATIENT SEGMENTS. SEGMENTS NOT PASSED TO A COST ACCOUNTING SYSTEM USE THE COST-TO-CHARGE RATIO.

**Part VI** Supplemental Information (Continuation)

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),  
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN  
THIS COLUMN IS \$ 7,328.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES ARE ESSENTIAL ROLES FOR HEALTH-CARE  
ORGANIZATIONS IN THAT THEY ADDRESS MANY OF THE UNDERLYING DETERMINANTS OF  
HEALTH. RESEARCH HAS CONTINUALLY SHOWN THAT WHEN THE FACTORS INFLUENCING  
HEALTH ARE EXPLORED, HEALTH CARE ACTUALLY PLAYS THE SMALLEST ROLE  
PROPORTIONATELY. A REPORT IN THE JOURNAL OF AMERICAN MEDICAL ASSOCIATION  
AND THE CENTER FOR DISEASE CONTROL (MCGINNIS, 1996) SUGGESTS THAT THE  
FACTORS IMPACTING HEALTH ARE AS FOLLOWS: LIFESTYLE AND BEHAVIORS, 50%,  
ENVIRONMENT (HUMAN AND NATURAL), 20%, GENETICS AND HUMAN BIOLOGY, 20%, AND  
HEALTH CARE, 10%. COMMUNITY BUILDING ACTIVITIES HELP TO ADDRESS THE OTHER  
INDICATORS OUTSIDE OF THE ROLE TRADITIONALLY PLAYED BY HEALTH-CARE  
ORGANIZATIONS. THESE ACTIVITIES ARE ALMOST EXCLUSIVELY DONE IN SOME FORM  
OF PARTNERSHIP IN WHICH THE COMMUNITY OR OTHER ORGANIZATIONS ARE BETTER  
SUITED TO ADDRESS. HEALTH-CARE ORGANIZATIONS GENERALLY PROVIDE TIMELY AND  
SPECIFIC RESOURCES TO HELP THESE ISSUES. HEALTH-CARE ORGANIZATIONS CAN BE  
A RICH AND VALUABLE COMMUNITY RESOURCE IN WAYS NOT TYPICALLY CONSIDERED.  
OFTEN THE MOST EFFECTIVE WAY TO HELP IMPACT AND IMPROVE THE COMMUNITY  
HEALTH STATUS IS TO SUPPORT OTHER AGENCIES AND ORGANIZATIONS IN A VARIETY  
OF WAYS OUTSIDE OF HEALTH SERVICES. THIS IS OFTEN DONE THROUGH CASH OR  
IN-KIND SERVICES TO SUPPORT OTHER NON-PROFITS, DONATIONS OF DURABLE  
MEDICAL EQUIPMENT AND SUPPLIES TO CERTAIN AGENCIES, OR THROUGH LEADERSHIP  
AND EDUCATIONAL EXPERTISE. TRINITY MEDICAL CENTER CONTRIBUTES FINANCIALLY  
TO A WIDE VARIETY OF COMMUNITY ORGANIZATIONS THAT ADDRESS THE BROADER

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

NEEDS OF THE COMMUNITY. THESE DONATIONS ALLOW OTHER NON-PROFIT ORGANIZATIONS TO FULFILL THEIR MISSIONS TO IMPROVE THE WELL BEING OF THE COMMUNITY AND CONTRIBUTE TO ITS OVERALL HEALTH STATUS IN WAYS THAT MAY DIFFER FROM THE DIRECT SERVICES OF THE HOSPITAL ORGANIZATION AND MAXIMIZE THE RESOURCES THEY HAVE TO WORK WITH. TRINITY MEDICAL CENTER EMPLOYEES ARE ACTIVE IN EDUCATING PARTNERS ON A WIDE VARIETY OF HEALTH SUBJECTS THAT ADVANCE THEIR WORK. FURTHER, TRINITY MEDICAL CENTER EMPLOYEES ARE MEMBERS OF MANY NON-PROFIT BOARDS TO PROVIDE LEADERSHIP OR COLLABORATE TO ADDRESS COMPLEX HEALTH ISSUES. THESE TYPES OF ACTIVITIES SPEAK TO THE BREADTH AND CAPACITY THAT THE HOSPITAL HAS IN IMPACTING THE HEALTH STATUS OF THE COMMUNITY IN A COMPREHENSIVE AND INTENTIONAL APPROACH.

PART III, LINE 4:

THE HEALTH SYSTEM PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE HEALTH SYSTEM BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT.

THE AMOUNT REPORTED ON LINE 2 WAS CALCULATED USING IRS WORKSHEET 2 'RATIO OF PATIENT CARE COST TO CHARGES' TO CALCULATE THE COST TO CHARGE RATIO FOR TRINITY MEDICAL CENTER. THIS RATIO WAS THEN APPLIED AGAINST THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS USING IRS WORKSHEET A TO ARRIVE AT THE BAD DEBT EXPENSE AT COST REPORTED ON LINE 2.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 8:

AMOUNTS ON LINE 6 WERE CALCULATED USING IRS WORKSHEET B 'TOTAL MEDICARE ALLOWABLE COSTS.' THE MEDICARE ALLOWABLE COSTS WERE OBTAINED FROM THE MEDICARE COST REPORTS AND THEN REDUCED BY ANY AMOUNTS ALREADY CAPTURED IN COMMUNITY BENEFIT EXPENSE IN PART I ABOVE.

THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III, SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE HOSPITAL AND DOES NOT REPRESENT THE TOTAL COMMUNITY BENEFIT CONFERRED IN THIS AREA. THE MEDICARE SHORTFALL REFLECTED ON SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORT. HOWEVER THE MEDICARE COST REPORT DISALLOWS CERTAIN ITEMS THAT WE BELIEVE ARE LEGITIMATE EXPENSES INCURRED IN THE PROCESS OF CARING FOR OUR MEDICARE PATIENTS. EXAMPLES OF THESE ITEMS INCLUDE PROVIDER BASED PHYSICIAN EXPENSE, SELF INSURANCE EXPENSE, HOME OFFICE EXPENSE AND THE SHORTFALL FROM FEE SCHEDULE PAYMENTS.

THE HOSPITAL BELIEVES THE ENTIRE AMOUNT OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT, MORE SPECIFICALLY, AS CHARITY CARE. THE ELDERLY CONSTITUTE A CLEARLY-RECOGNIZED CHARITABLE CLASS, AND MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR AND THUS WOULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE PROGRAM, MEDICAID OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS ABSENT THE MEDICARE PROGRAM. BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS. ADDITIONALLY, THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS. FINALLY, THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS

**Part VI** Supplemental Information (Continuation)

MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS.

PART III, LINE 9B:

AFTER THE PATIENT MEETS THE QUALIFICATIONS FOR FINANCIAL ASSISTANCE, THE ACCOUNT BALANCE IS PARTIALLY OR ENTIRELY WRITTEN OFF, AS APPROPRIATE. ANY REMAINING BALANCE, IF ANY, WOULD BE COLLECTED UNDER THE NORMAL DEBT COLLECTION POLICY.

PART VI, LINE 2:

UNITYPOINT HEALTH - TRINITY COMPLETED THE LATEST VERSION ON THE COMMUNITY HEALTH NEEDS ASSESSMENT IN SEPTEMBER OF 2018. IN THE SAME YEAR, THE TRINITY REGIONAL HEALTH SYSTEM BOARD OF DIRECTORS APPROVED THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN (IMPLEMENTATION PLAN) STRATEGIES FOR 2019-2021.

COLLABORATION HAS BEEN ESSENTIAL TO ADDRESSING THE NEEDS OF THE COMMUNITY. STRONG RELATIONSHIPS HAVE BEEN DEVELOPED WITH VARIOUS ORGANIZATIONS TO HELP MEET THE HEALTH NEEDS OF THE COMMUNITY. COMMUNITY PARTNERS INCLUDE BOYS & GIRLS CLUB, BIG BROTHERS BIG SISTERS, GLOBAL COMMUNITIES, NAMI, RIVER BEND FOODBANK, QUAD CITIES VET CENTER, AND LOCAL SCHOOL DISTRICTS ON BOTH THE ILLINOIS AND IOWA SIDE TO NAME A FEW. THROUGH THESE RELATIONSHIPS WE HAVE BEEN ABLE TO PROVIDE EDUCATION, AWARENESS, CONDUCT SCREENINGS, MAKE REFERRALS FOR ADDITIONAL SERVICES, AND HELP THE COMMUNITY UNDERSTAND WHEN, WHERE, AND HOW TO ACCESS THE PROPER TYPE OF CARE TO MEET THEIR NEEDS.

IN 2018, UNITYPOINT HEALTH LAUNCHED A THREE-YEAR PRESCRIPTION DRUG SAFETY PROGRAM INITIATIVE. THE PROGRAM, PROVIDED BY UNITYPOINT HEALTH AT NO COST TO STUDENTS OR SCHOOLS, IS DESIGNED TO COMBAT THE OPIOID AND PRESCRIPTION

**Part VI** Supplemental Information (Continuation)

DRUG ABUSE CRISIS BY BRINGING EDUCATION BEST PRACTICES AND DIGITAL TECHNOLOGY TO SCHOOLS NATIONWIDE. THE PLATFORM WAS ROLLED OUT TO SEVEN SCHOOLS THROUGHOUT SCOTT, MUSCATINE, ROCK ISLAND, AND HENRY COUNTY. NEARLY 250 STUDENTS USED THE PROGRAM WITH A TOTAL OF 117 LEARNING HOURS. THERE'S HAS BEEN A LOT OF GREAT FEEDBACK FROM THE PROGRAM, MOST NOTABLY THAT 90% OF STUDENTS FELT THEY HAD THE SKILLS NEEDED TO REFUSE PRESCRIPTION DRUGS. THIS IS JUST ONE EXAMPLE OF THE PROACTIVE WORK BEING DONE TO COMBAT CHALLENGES WE'RE FACING IN OUR COMMUNITY.

UNITYPOINT HEALTH - TRINITY IS COMMITTED TO CONTINUING OUR EFFORT TO DEVELOP PARTNERSHIP OPPORTUNITIES THROUGH OUR SPONSORSHIP PROCESS. OUR ORGANIZATION'S MISSION IS TO "IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE," AND WE HAVE BEEN INTENTIONAL ABOUT THE TYPES OF ACTIVITIES AND ORGANIZATIONS WE SPONSOR. THE MAJORITY OF SPONSORSHIPS WE PROVIDE TO THE COMMUNITY ARE DIRECTLY ALIGNED WITH THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, AND THE KEY FOCUS AREAS FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN. THERE HAS ALSO BEEN AN INTENTIONAL EFFORT TO GO BEYOND THE SPONSORSHIP EXCHANGE WITH ORGANIZATIONS IN ORDER TO WORK WITH THEM TO DEVELOP STRATEGIES AND PROGRAMING TO REACH THE COMMUNITY WITH HEALTH EDUCATION AND SERVICES. IN 2018, WE BEGAN LOOKING AT ORGANIZATIONS WE WEREN'T ABLE TO SPONSORS TO DEVELOP PARTNERSHIPS WITH THEM AS WELL TO EXPAND OUR OUTREACH EFFORTS. THIS HAS ALLOWED US TO REMAIN AND VALUABLE COMMUNITY PARTNER AND STRENGTHENS OUR TIES WITHIN THE COMMUNITIES WE SERVE. WE WILL CONTINUE TO ADVANCE THESE TYPES OF OPPORTUNITIES AND OTHERS AS THEY ARE PRESENTED.

A GREAT EXAMPLE OF THIS IS A PARTNERSHIP THAT FORMED BETWEEN UNITYPOINT HEALTH - TRINITY, WORLD RELIEF, AND THE IMMIGRANT AND REFUGEE COMMUNITY. TRINITY'S PARISH NURSE DEPARTMENT WAS CONTACTED BY A LOCAL PASTOR IN THE BURMESE COMMUNITY IN THE QUAD CITIES. THE PASTOR WAS CONCERNED ABOUT THE

**Part VI** Supplemental Information (Continuation)

PREGNANT WOMEN IN HIS CONGREGATION AND THE UNFAMILIARITY WITH HAVING CHILD IN THE UNITED STATES. AS A RESULT OF THE CONCERN, FOCUS GROUPS WERE HELD TRINITY'S LABOR/DELIVERY TEAM, THE BURMESE COMMUNITY, AND AFRICAN IMMIGRANT COMMUNITY WITH ASSISTANCE FROM WORLD RELIEF. FOLLOWING THE FOCUS GROUPS, PRENATAL CLASSES WERE HELD TO HELP EASE THE STRESS OF EXPECTING MOTHERS AND ALLOW THEM TO HAVE A MORE POSITIVE EXPERIENCE.

IN 2016, UNITYPOINT HEALTH - TRINITY FORMED A MILITARY ADVISORY COUNCIL TO HELP IDENTIFY COMMON CHALLENGES IMPACTING VETERANS IN THE LOCAL COMMUNITY. FROM THIS WORK WE FOUND THAT A LOT OF VETERANS IN THE COMMUNITY HAVE VERY LIMITED KNOWLEDGE AROUND THE SERVICES OFFERED TO ASSIST THEM. THE COMMITTEE DEVELOPED A RESOURCE GUIDE TO HELP CONNECT VETERANS TO RESOURCES SUCH AS HOUSING, EMPLOYMENT, STATE AND COUNTY RESOURCES, FOOD, AND MORE. THIS RESOURCE IS ACCESSIBLE TO ANYONE IN THE COMMUNITY TO USE TO ASSIST CONNECTING VETERANS TO NEEDED RESOURCES. UNITYPOINT HEALTH - TRINITY HAS ALSO PARTNERED WITH A NUMBER OF LOCAL VETERAN ORGANIZATIONS TO REACH VETERANS WITH HEALTH INFORMATION, EDUCATION AND SERVICES. WE HOSTED A NUMBER OF EVENTS TO PROVIDE FREE BLOOD PRESSURE SCREENINGS, FLU SHOTS, DIABETES SCREENINGS AND MORE. BY 2018, OUR MILITARY ADVISORY COMMITTEE WAS NOTICED BY THE DEPARTMENT OF VETERANS AFFAIRS FOR THE WORK BEING DONE IN THE LOCAL COMMUNITY. IN MID-2018 UNITYPOINT HEALTH - TRINITY'S MILITARY ADVISORY COMMITTEE RECENT THE COMMUNITY VETERANS ENGAGEMENT BOARD DESIGNATION, THE SECOND ESTABLISHED IN THE STATE OF IA, AND THE FIRST IN THE COUNTRY TO BE FORMED OUT OF A HEALTHCARE SYSTEM.

THE COMMUNITY ENGAGEMENT DEPARTMENT UTILIZES UNITYPOINT HEALTH - TRINITY'S MISSION EFFECTIVENESS COMMITTEE TO ADVISE THE DIRECTION AND IMPACT OF THE ORGANIZATION'S OUTREACH WORK. THE COMMITTEE'S PURPOSE IS TO ENSURE THAT UNITYPOINT HEALTH - TRINITY IS LIVING OUT ITS MISSION IN AN EFFECTIVE AND IMPACTFUL WAY. THE MISSION EFFECTIVENESS COMMITTEE IS COMPRISED OF

**Part VI** Supplemental Information (Continuation)

UNITYPOINT HEALTH - TRINITY BOARD MEMBERS, STAFF, AND MEMBERS OF THE LOCAL COMMUNITY.

PART VI, LINE 3:

THE HOSPITAL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE TO ALL PATIENTS AND WITHIN THE COMMUNITY. COPIES OF THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE BY MAIL, ON EACH HOSPITAL'S WEBSITE, AND IN PERSON AT EACH HOSPITAL. THE CENTRAL BILLING OFFICE IS AVAILABLE BY PHONE TO ANSWER QUESTIONS ABOUT THE POLICY, OR PATIENTS SHOULD GO TO THE CASHIER'S OFFICE AT THE HOSPITAL TO OBTAIN THIS INFORMATION. THE PLAIN LANGUAGE SUMMARY IS OFFERED AS PART OF THE PATIENT INTAKE AND/OR DISCHARGE PROCESS AND INCLUDED WHEN A PATIENT IS SENT WRITTEN NOTICE THAT EXTRAORDINARY COLLECTION ACTIONS MAY BE TAKEN AGAINST HIM/HER. THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY, AND ALL FINANCIAL ASSISTANCE FORMS ARE AVAILABLE IN ENGLISH AND IN ANY OTHER LANGUAGE IN WHICH LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS CONSTITUTE THE LESSER OF 1,000 PERSONS OR MORE THAN 5% OF THE COMMUNITY SERVED BY THE HOSPITAL. THESE TRANSLATED DOCUMENTS WILL BE AVAILABLE BY MAIL, ON EACH HOSPITAL'S WEBSITE, AND IN PERSON AT EACH HOSPITAL.

PART VI, LINE 4:

UNITYPOINT HEALTH - TRINITY IS A 515-BED COMMUNITY HOSPITAL SERVING EASTERN IOWA AND WESTERN ILLINOIS. UNITYPOINT HEALTH - TRINITY IS NONDENOMINATIONAL AND SERVES ALL WHO COME HERE, REGARDLESS OF REASON OR CIRCUMSTANCE.

80% OF UNITYPOINT HEALTH - TRINITY'S MARKET RESIDENTS LIVE WITHIN THE

**Part VI** Supplemental Information (Continuation)

ILLINOIS AND IOWA COUNTIES OF ROCK ISLAND AND SCOTT, RESPECTIVELY.

UNITYPOINT HEALTH - TRINITY ADMITS APPROXIMATELY 16,500 INPATIENTS AND CARES FOR 97,000 EMERGENCY PATIENTS PER YEAR.

MEDIAN HOUSEHOLD INCOMES RANGE FROM \$51,426 TO \$57,681 AND THE AVERAGE POVERTY RATE IS 13.5%.

58% OF UNITYPOINT HEALTH - TRINITY PATIENTS ARE ELIGIBLE FOR MEDICARE OR MEDICAID. ROCK ISLAND COUNTY IS 75% CAUCASION, 13% HISPANIC, AND 10% AFRICAN AMERICAN. SCOTT COUNTY IS 83% CAUCASION, 8% AFRICAN AMERICAN, AND 6% HISPANIC.

PART VI, LINE 5:

THE HOSPITAL IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITH THE GOAL OF PROMOTING THE HEALTH OF THE COMMUNITIES IT SERVES. THE HOSPITAL SUPPORTS THIS MISSION WITH A COMMUNITY BOARD, OPEN MEDICAL STAFF, AND AN EMERGENCY ROOM AVAILABLE TO PATIENTS REGARDLESS OF ABILITY TO PAY. THE BOARD OF DIRECTORS OF THE HOSPITAL IS COMPOSED OF CIVIC LEADERS WHO RESIDE IN THE SERVICE AREA OF THE HOSPITAL. THE BOARD ACTIVELY DEBATES AND SETS POLICY AND STRATEGIC DIRECTION FOR THE HOSPITAL BUT DOES NOT GET INVOLVED IN ISSUES RELATED TO THE DIRECT OPERATIONS OF THE HOSPITAL. THE BOARD TAKES A BALANCED APPROACH WHEN ADDRESSING COMMUNITY AND BUSINESS/FINANCIAL CONCERNS. THE BOARD IS ALSO THE PRIMARY GROUP FOR DETERMINING THE USE OF HOSPITAL SURPLUS FUNDS, WHICH ARE ALL USED TO FURTHER OUR CHARITABLE PURPOSE.

PART VI, LINE 6:

**Part VI** Supplemental Information (Continuation)

THE HOSPITAL IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). THROUGH RELATIONSHIPS WITH 36 HOSPITALS IN METROPOLITAN AND RURAL COMMUNITIES AND MORE THAN 280 PHYSICIAN CLINICS, UNITYPOINT HEALTH PROVIDES CARE THROUGHOUT IOWA, WESTERN ILLINOIS, AND SOUTHERN WISCONSIN.

UNITYPOINT HEALTH ENTITIES EMPLOY A LARGE NONPROFIT WORKFORCE, WITH MORE THAN 30,000 EMPLOYEES WORKING TOWARD INNOVATIVE ADVANCEMENTS TO DELIVER THE BEST OUTCOME FOR EVERY PATIENT EVERY TIME. EACH YEAR, THROUGH MORE THAN 6.5 MILLION PATIENT VISITS, UNITYPOINT HEALTH HOSPITALS AND CLINICS PROVIDE A FULL RANGE OF CARE TO PATIENTS AND FAMILIES. WITH ANNUAL REVENUES OF \$4.4 BILLION, UNITYPOINT HEALTH IS THE FIFTH LARGEST NONDENOMINATIONAL HEALTH SYSTEM IN AMERICA AND PROVIDES COMMUNITY BENEFIT PROGRAMS AND SERVICES TO IMPROVE THE HEALTH OF PEOPLE IN ITS COMMUNITIES.

UNITYPOINT HEALTH AND ITS AFFILIATES ENGAGE IN COMMUNITY HEALTH PROGRAMS AND SERVICES THROUGHOUT IOWA, AND WORK WITH VOLUNTEER AND CIVIC ORGANIZATIONS, SCHOOLS, BUSINESSES, INSURERS AND INDIVIDUALS TO SUPPORT ACTIVITIES THAT BENEFIT PEOPLE THROUGHOUT THE STATE. IN 2018, UNITYPOINT HEALTH AND ITS AFFILIATES PROVIDED MORE THAN \$559 MILLION OF COMMUNITY BENEFIT. THE CONTRIBUTIONS TO THEIR COMMUNITIES BY UNITYPOINT HEALTH AND ITS AFFILIATES ARE REPORTED IN DETAIL IN STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (PART III) OF THE IRS FORM 990 OF THOSE AFFILIATES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IL, IA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **TRINITY MEDICAL CENTER** Employer identification number **36-2739299**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FRIEND OF TRINITY (AUXILIARY) 2701 17TH ST. ROCK ISLAND, IL 61201	36-2739299	501(C)(3)	5,851.	0.			PROGRAM SUPPORT
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 8101 BIRCHWOOD COURT, SUITE N - JOHNSTON, IA 50131	42-1411630	501(C)(3)	22,696,684.	0.			PROGRAM SUPPORT
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 2701 17TH ST. - ROCK ISLAND, IL 61201	36-3678909	501(C)(3)	628,178.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	20	20,000.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

TRINITY MEDICAL CENTER REQUIRES EACH RECIPIENT OF THE GRANTS MENTIONED IN PART II & III (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT AND OUTLINES A SERIES OF ELIGIBILITY STANDARDS THAT ARE REQUIRED TO BE MET. THE ORGANIZATION THEN REVIEWS THESE APPLICATIONS, AND BASED ON NEED AND ELIGIBILITY, A COMMITTEE MAKES THE FINAL DECISION ON ALL GRANT RECIPIENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **TRINITY MEDICAL CENTER** Employer identification number **36-2739299**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b> X	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b> X	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b> X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD SEIDLER	(i)	554,018.	43,632.	60,013.	-17,104.	16,258.	656,817.	0.
BOARD MEMBER/PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
TAMARA BYRAM	(i)	161,091.	13,172.	13,896.	8,815.	23,417.	220,391.	0.
VP LEGAL & COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE MARCHIK	(i)	338,608.	21,250.	273,457.	53,906.	24,649.	711,870.	254,410.
SR VP FINANCE/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL MCLOONE, MD	(i)	348,727.	17,572.	18,563.	8,796.	23,436.	417,094.	0.
CMO/CQO	(ii)	0.	0.	0.	0.	0.	0.	0.
DEEPAK AHUJA, MD	(i)	346,984.	42,725.	15,623.	12,230.	24,213.	441,775.	0.
REGIONAL MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW BEHRENS	(i)	0.	0.	0.	0.	0.	0.	0.
REG VP/CLINIC OPS & VP/PHYS & AMB SV	(ii)	299,451.	20,099.	16,054.	38,827.	17,385.	391,816.	0.
DENNIS DUKE	(i)	225,558.	14,100.	13,696.	2,933.	25,767.	282,054.	0.
PRESIDENT RYC	(ii)	0.	0.	0.	0.	0.	0.	0.
CARA FULLER (TO 7/18)	(i)	137,945.	14,763.	8,581.	7,337.	11,030.	179,656.	0.
VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA JOHNSON (FR 10/18)	(i)	46,191.	0.	12,381.	2,911.	4,296.	65,779.	0.
VP HUMAN RESOURCES	(ii)	148,040.	12,184.	6,909.	8,426.	19,049.	194,608.	0.
KEVIN KURTH, MD	(i)	587,414.	1,800.	30,168.	13,750.	25,257.	658,389.	0.
MEDICAL DIRECTOR-ER/TRAUMA	(ii)	0.	0.	0.	0.	0.	0.	0.
TAMMY PAUWELS	(i)	162,834.	5,778.	8,352.	9,031.	8,868.	194,863.	0.
EXEC DIR OUTPATIENT SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE PEARSON	(i)	295,162.	20,319.	16,242.	31,816.	15,524.	379,063.	0.
SR VP/CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
VIRGINIA RENKIEWICZ	(i)	329,434.	21,125.	19,920.	44,389.	24,122.	438,990.	0.
SR VP, CCO/CNE/CQO	(ii)	0.	0.	0.	0.	0.	0.	0.
MELLISSA WOOD (FR 1/18)	(i)	199,961.	10,081.	13,607.	6,320.	1,572.	231,541.	0.
CHIEF NURSING EXECUTIVE	(ii)	6,132.	0.	329.	185.	79.	6,725.	0.
MASHOOQUE DAHAR, MD	(i)	653,087.	44,851.	424.	13,750.	25,808.	737,920.	0.
PHYSICIAN HOSPITALIST	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUG GAITHER, MD	(i)	525,711.	77,398.	6,130.	11,531.	1,245.	622,015.	0.
PHYSICIAN-ER/TRAUMA	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SYED HAQUE, MD PHYSICIAN HOSPITALIST	(i)	641,543.	39,692.	955.	13,750.	24,141.	720,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TOYOSI OLUTADE, MD PHYSICIAN HOSPITALIST	(i)	610,551.	43,263.	378.	8,216.	24,099.	686,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAMS ROGERS III, MD PHYSICIAN-ER/TRAUMA	(i)	540,801.	118,298.	23,714.	10,621.	27,618.	721,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

IF AN INDIVIDUAL IS PROVIDED SOMETHING FROM THE EMPLOYER OF VALUE, SUCH AS A PAID BENEFIT, GIFT CARD OR GIFT, WHICH IS CONSIDERED TAXABLE INCOME, THEN THE EMPLOYER WILL ADD IMPUTED AMOUNTS TO PAYCHECK IN ORDER TO TAX APPROPRIATELY.

PART I, LINE 4B:

NONQUALIFIED RETIREMENT PLAN EARNINGS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: MATTHEW BEHRENS \$25,077; KATHERINE MARCHIK \$41,632; KATHERINE PEARSON \$18,066; VIRGINIA RENKIEWICZ \$30,639; AND RICHARD SEIDLER \$-19,728.

NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED PLAN: KATHERINE MARCHIK \$254,410. PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
THOMAS MEEGAN	FAMILY MEMBER OF KE	42,326.	EMPLOYMENT		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THOMAS MEEGAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE TAMMY PAUWELS

(C) AMOUNT OF TRANSACTION \$ 42,326.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TRINITY MEDICAL CENTER

Employer identification number

36-2739299

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTENSIVE CARE AND CRITICAL CARE, CARDIOLOGY, ONCOLOGY, REHABILITATION,  
SKILLED NURSING, MATERNAL/CHILD CARE, LABORATORY, PHARMACEUTICAL DRUGS,

EMERGENCY SERVICES, OUTPATIENT CLINICS, AND RADIOLOGY. SOME OF THE

SERVICES PROVIDED DO NOT GENERATE ENOUGH INCOME TO OFFSET THEIR COST.

IN THE FISCAL PERIOD ENDED DECEMBER 31, 2018, TRINITY MEDICAL CENTER

ADMITTED 16,465 PATIENTS RESULTING IN A TOTAL OF 60,770 PATIENT DAYS.

OUTPATIENT VISITS TOTALED 280,897 AND TOTAL OUTPATIENT SURGERY

REGISTRATIONS FOR THE SAME PERIOD WERE 9,088. THERE WERE ALSO 97,207

EMERGENCY ROOM VISITS AND 2,245 BABIES DELIVERED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH-CARE PROGRAMS. TRINITY MEDICAL CENTER'S NET COST OF PROVIDING

CARE FOR WHICH IT RECEIVES PAYMENT BELOW ITS COST IS \$7,966,727 FOR

2018. TOTAL CHARITY CARE AND MEANS-TESTED PROGRAMS REPORTED VALUE:

\$11,381,037.

OTHER BENEFITS: TRINITY MEDICAL CENTER PROVIDES SEVERAL OTHER BENEFITS

THAT ASSIST THE COMMUNITY. PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED

TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT

OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS; CONTINUING

EDUCATION FOR HEALTH PROFESSIONALS; SUBSIDIZED HEALTH SERVICES;

RESEARCH; AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS.

TRINITY MEDICAL CENTER COLLABORATES WITH OTHER HOSPITALS, CHURCHES,

SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY

HEALTH AND EXPAND ACCESS TO HEALTH CARE. TRINITY MEDICAL CENTER HAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS. APPROXIMATELY  
59,226 PERSONS WERE SERVED THROUGH THESE PROGRAMS. TOTAL OTHER  
BENEFITS REPORTED VALUE: \$11,261,176.

FORM 990, PART VI, SECTION A, LINE 6:

TRINITY REGIONAL HEALTH SYSTEM, A TAX-EXEMPT ILLINOIS NOT-FOR-PROFIT  
CORPORATION, IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY REGIONAL HEALTH SYSTEM MAY APPOINT ONE BOARD MEMBER AND APPROVES  
ALL OTHERS.

FORM 990, PART VI, SECTION A, LINE 7B:

TRINITY REGIONAL HEALTH SYSTEM, AS SOLE MEMBER, APPROVES AMENDMENTS TO  
ARTICLES, BYLAWS AND MISSION, MAY REMOVE ANY TRUSTEE WITH OR WITHOUT CAUSE,  
APPOINTS CEO AND VICE PRESIDENT, APPROVES MERGERS, CREATION OF SUBSIDIARY  
OR AFFILIATE ORGANIZATIONS, AND APPROVES BUDGETS AND LONG-RANGE STRATEGY.  
TRINITY REGIONAL HEALTH SYSTEM AND IOWA HEALTH SYSTEM MUST APPROVE  
DISSOLUTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED INTERNALLY BY THE IOWA HEALTH SYSTEM TAX  
DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE  
ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE  
FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN  
IS PROVIDED TO THE CFO FOR REVIEW. A FULL COPY OF THE FORM 990 IS PROVIDED  
TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

Name of the organization TRINITY MEDICAL CENTER	Employer identification number 36-2739299
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FORM 990, PART V, LINES 1A & 1B

CASH DISBURSEMENTS ARE CENTRALIZED THROUGH THE PARENT ORGANIZATION, IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). THE PARENT MAKES THE PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL UNITYPOINT HEALTH SYSTEM RELATED ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS.

THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN: 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE

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OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES. ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS.

IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT

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THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES;

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH;

IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY

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EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH EXECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE.

BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE CEO FORUM GROUP AND SVP POSITIONS FOR THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER

Name of the organization TRINITY MEDICAL CENTER	Employer identification number 36-2739299
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EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958.

THE REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2018 FOR THE FOLLOWING INDIVIDUALS: RICHARD SEIDLER

THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL DEPARTMENT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE, WWW.UNITYPOINT.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRINITY HEALTH FOUNDATION -3,244,139.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **TRINITY MEDICAL CENTER** Employer identification number **36-2739299**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ABBE CENTER FOR COMMUNITY MENTAL HEALTH, INC. - 42-1045257, 740 N 15TH AVE., NO. A, HIAWATHA, IA 52233	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
ABBEHEALTH, INC. - 42-1373123 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III	ST. LUKE'S HEALTHCARE		X
AGING SERVICES, INC. - 23-7085316 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	SENIOR SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ABBEHEALTH, INC.		X
ALLEN COLLEGE - 42-1351526 1825 LOGAN AVENUE WATERLOO, IA 50703	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IOWA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS, INC.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ALLEN HEALTH SYSTEMS, INC. - 42-1201924 1825 LOGAN AVENUE WATERLOO, IA 50703	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
ALLEN MEMORIAL HOSPITAL CORPORATION - 42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA 50703	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.		X
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284 101 GRANT WOOD DRIVE ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IOWA	501(C)(3)	509(A)(3), TYPE III	ST. LUKE'S/JONES REGIONAL MEDICAL CENTER		X
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC. - 42-0733463, 3251 WEST NINTH STREET, WATERLOO, IA 50702	MENTAL HEALTH CARE	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.		X
CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 42-1134273, 4869 FOREST GROVE DRIVE, BETTENDORF, IA 52722	SUBSTANCE ABUSE SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(VI)	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL		X
CENTRAL IOWA HEALTH PROPERTIES CORPORATION - 42-1233759, 1200 PLEASANT STREET, DES MOINES, IA 50309	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM		X
CENTRAL IOWA HEALTH SYSTEM - 42-1189791 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
CENTRAL IOWA HOSPITAL CORPORATION - 42-0680452, 1200 PLEASANT STREET, DES MOINES, IA 50309	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM		X
CHATHAM OAKS - 42-1302928 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
DES MOINES AREA MEDICAL EDUCATION CONSORTIUM, INC. - 42-1412497, 1415 WOODLAND AVE., SUITE 130, DES MOINES, IA 50309	COORDINATION OF MEDICAL EDUCATION PROGRAMS	IOWA	501(C)(3)	509(A)(3), TYPE III			X
EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES - 42-0942273, 945 19TH STREET, DES MOINES, IA 50314	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	CENTRAL IOWA HEALTH SYSTEM		X
EYERLY-BALL FOUNDATION, INC. - 35-2515479 945 19TH STREET DES MOINES, IA 50314	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER - 42-1372380, 3820 HILLSIDE DRIVE, CEDAR FALLS, IA 50613	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.		X
GRINNELL REGIONAL MEDICAL CENTER - 42-0933383, 210 FOURTH AVENUE, GRINNELL, IA 50112	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM		X
GRINNELL REGIONAL MEDICAL CENTER AUXILIARY - 23-7075505, 210 FOURTH AVENUE, GRINNELL, IA 50112	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER		X
GRINNELL REGIONAL MEDICAL CENTER FOUNDATION - 42-1454737, 210 FOURTH AVENUE, GRINNELL, IA 50112	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER		X
HANCOCK COUNTY SENIOR SERVICES ASSOCIATION - 37-0902248, P.O. BOX 160, CARTHAGE, IL 62321	SENIOR SERVICES	ILLINOIS	501(C)(3)	509(A)(2)	MEMORIAL HOSPITAL ASSOCIATION		X
HULT CENTER FOR HEALTHY LIVING, INC. - 36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	HEALTH EDUCATION TO THE COMMUNITY	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	PROCTOR HOSPITAL		X
IOWA HEALTH FOUNDATION - 42-1467682 1415 WOODLAND AVE., SUITE E-200 DES MOINES, IA 50309	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	CENTRAL IOWA HEALTH SYSTEM		X
IOWA HEALTH SYSTEM - 42-1435199 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III			X
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 8101 BIRCHWOOD COURT, JOHNSTON, IA 50131	PRIMARY HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM		X
KEOKUK AREA HOSPITAL - 42-0710268 1600 MORGAN STREET KEOKUK, IA 52632	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	KEOKUK HEALTH SYSTEMS, INC.		X
KEOKUK AREA HOSPITAL FOUNDATION - 42-1202608 1600 MORGAN STREET KEOKUK, IA 52632	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	509(A)(3) TYPE II	KEOKUK HEALTH SYSTEMS, INC.		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
KEOKUK HEALTH SYSTEMS, INC. - 42-1237361 1600 MORGAN STREET KEOKUK, IA 52632	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
MEMORIAL FOUNDATION OF ALLEN HOSPITAL - 42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA 50703	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.		X
MEMORIAL HOSPITAL ASSOCIATION - 37-0684691 P.O. BOX 160 CARTHAGE, IL 62321	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM		X
MERITER FOUNDATION, INC. - 23-7098688 202 SOUTH PARK STREET MADISON, WI 53715	CHARITABLE FUNDRAISING	WISCONSIN	501(C)(3)	170(B)(1) (A)(VI)	MERITER HEALTH SERVICES, INC.		X
MERITER HEALTH SERVICES, INC. - 39-1412318 202 SOUTH PARK STREET MADISON, WI 53715	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	WISCONSIN	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM		X
MERITER HOSPITAL, INC. - 39-0806367 202 SOUTH PARK STREET MADISON, WI 53715	HOSPITAL	WISCONSIN	501(C)(3)	170(B)(1) (A)(III)	MERITER HEALTH SERVICES, INC.		X
MERITER MEDICAL GROUP, INC. - 05-0545222 202 SOUTH PARK STREET MADISON, WI 53715	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	WISCONSIN	501(C)(3)	509(A)(3), TYPE III	MERITER HOSPITAL, INC.		X
METHODIST HEALTH SERVICES CORPORATION - 37-1111135, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM		X
METHODIST MEDICAL CENTER FOUNDATION - 51-0186460, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	METHODIST HEALTH SERVICES CORPORATION		X
METHODIST MEDICAL CENTER OF ILLINOIS - 37-0661223, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION		X
METHODIST SERVICES, INC. - 37-1111134 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	OFFICE RENTAL	ILLINOIS	501(C)(3)	509(A)(2)	METHODIST HEALTH SERVICES CORPORATION		X
NELLIE R. SHERWOOD TRUST - 42-6061621 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IOWA	501(C)(3)	509(A)(3), TYPE I	ST. LUKE'S METHODIST HOSPITAL		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NORTH CENTRAL IOWA MENTAL HEALTH CENTER, INCORPORATED - 42-0937390, 720 KENYON DRIVE, FORT DODGE, IA 50501	MENTAL HEALTH CARE	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.		X
NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTH SYSTEM, INC.		X
PARK COURT LIMITED - 37-1178386 600 SOUTH 13TH STREET PEKIN, IL 61554	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	PROGRESSIVE HEALTH SYSTEMS		X
PEKIN MEMORIAL HOSPITAL - 37-0692351 600 SOUTH 13TH STREET PEKIN, IL 61554	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	PROGRESSIVE HEALTH SYSTEMS		X
PENN CENTER, INC. - 42-1421803 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	RESIDENTIAL TREATMENT SERVICES FOR INDEPENDENT LIVING	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
PROCTOR HEALTH CARE INCORPORATED - 37-1133412, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION		X
PROCTOR HEALTH SYSTEMS - 36-4147437 5409 N KNOXVILLE AVE PEORIA, IL 61614	PRIMARY HEALTH CARE SERVICES	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED		X
PROCTOR HOSPITAL - 37-0681540 5409 N KNOXVILLE AVE PEORIA, IL 61614	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED		X
PROGRESSIVE HEALTH SYSTEMS - 37-1200263 600 SOUTH 13TH STREET PEKIN, IL 61554	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
SELF INSURANCE TRUST AGREEMENT EST. BY METHODIST MEDICAL CENTER OF ILLINOIS, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FUND SELF-INSURANCE PLAN	ILLINOIS	501(C)(3)	509(A)(3), TYPE I	METHODIST MEDICAL CENTER OF ILLINOIS		X
SHARED MAGNETIC RESONANCE IMAGING FACILITY, INC. - 39-1534744, 1104 JOHN NOLEN DRIVE, MADISON, WI 53713	MEDICAL TECHNOLOGY	WISCONSIN	501(C)(3)	509(A)(3), TYPE I			X
SIOUXLAND PACE, INC. - 26-1120134 313 COOK STREET SIOUX CITY, IA 51103	ALL-INCLUSIVE CARE FOR THE ELDERLY	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTH SYSTEM, INC.		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. LUKE'S HEALTH RESOURCES - 42-1059182 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IOWA	501(C)(3)	509(A)(2)	ST. LUKE'S HEALTH SYSTEM, INC.		X
ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM		X
ST. LUKE'S HEALTHCARE - 42-1487968 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
ST. LUKE'S METHODIST HOSPITAL - 42-0504780 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTHCARE		X
ST. LUKE'S/JONES REGIONAL MEDICAL CENTER - 42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTHCARE		X
STL CARE COMPANY - 42-1276632 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	IMPROVE PUBLIC HEALTH SERVICES	IOWA	501(C)(3)	509(A)(2)	ST. LUKE'S HEALTHCARE		X
THE DUBUQUE VISITING NURSE ASSOCIATION - 42-0680410, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	PUBLIC HEALTH SERVICES/HOME CARE	IOWA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP, INC.		X
THE FINLEY HOSPITAL - 42-0680354 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	FINLEY TRI-STATES HEALTH GROUP, INC.		X
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 36-3678909, 2701 17TH STREET, ROCK ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM		X
TRIMARK PHYSICIANS GROUP - 45-3791448 802 KENYON ROAD FORT DODGE, IA 50501	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.		X
TRINITY BUILDING CORPORATION - 42-1376187 802 KENYON ROAD FORT DODGE, IA 50501	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		TRINITY HEALTH SYSTEMS, INC.		X
TRINITY COLLEGE OF NURSING & HEALTH SCIENCES - 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL 61201	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	ILLINOIS	501(C)(3)	170(B)(1) (A)(II)	TRINITY MEDICAL CENTER	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRINITY HEALTH FOUNDATION - 42-1222381 802 KENYON ROAD FORT DODGE, IA 50501	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	TRINITY HEALTH SYSTEMS, INC.		X
TRINITY HEALTH FOUNDATION - 36-3321751 2701 17TH STREET ROCK ISLAND, IL 61201	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM		X
TRINITY HEALTH SYSTEMS, INC. - 42-1222877 802 KENYON ROAD FORT DODGE, IA 50501	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
TRINITY MEDICAL CENTER - 36-2739299 2701 17TH STREET ROCK ISLAND, IL 61201	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM		X
TRINITY REGIONAL HEALTH SYSTEM - 36-3351952 2701 17TH STREET ROCK ISLAND, IL 61201	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
TRINITY REGIONAL HOSPITAL AUXILIARY - 42-6081474, 802 KENYON ROAD, FORT DODGE, IA 50501	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER		X
TRINITY REGIONAL MEDICAL CENTER - 42-1009175 802 KENYON ROAD FORT DODGE, IA 50501	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.		X
TRI-STATE MEDICAL GROUP, INC. - 42-1435525 1600 MORGAN STREET KEOKUK, IA 52632	PRIMARY HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1)(A)	KEOKUK HEALTH SYSTEMS, INC.		X
UNITY HEALTHCARE - 42-0680337 1518 MULBERRY AVENUE MUSCATINE, IA 52761	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM		X
UNITY HEALTHCARE FOUNDATION - 42-1525031 1518 MULBERRY AVENUE MUSCATINE, IA 52761	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE I	UNITY HEALTHCARE		X
UNITYPOINT HEALTH - MARSHALLTOWN - 81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA 50703	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.		X
UNITYPOINT AT HOME - 42-1477471 11333 AURORA AVENUE URBANDALE, IA 50322	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM		X



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED IMAGING CENTER, LLC - 36-4356301, 615 VALLEY VIEW DRIVE, MOLINE, IL 61265	DIAGNOSTIC RADIOLOGY CENTER	IA	TRINITY MEDICAL CENTER	RELATED	412,719.	1,218,712.		X	N/A	X		50.00%
ALLEN MEMORIAL HOSPITAL ORTHOPEDIC CO-MANAGEMENT CO., LLC - 45-3237125, 1825 LOGAN AVE, WATERLOO, IA 50703	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
ANKENY MEDICAL PARK SURGERY CENTER, L.C. - 83-1281114, 3625 NORTH ANKENY BLVD., STE. J, ANKENY, IA 50021	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO., L.L.C. - 27-3625869, 1200 PLEASANT ST, DES MOINES, IA 50309	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ABBE MANAGEMENT CORPORATION - 42-1361755 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	MANAGEMENT SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		X
BELCREST SERVICES LTD - 37-1196307 5409 N KNOXVILLE AVE PEORIA, IL 61614	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
BROADBAND, INC. - 27-3819741 1776 WEST LAKES PKWY. #400 WEST DES MOINES, IA 50266	INFORMATION TECHNOLOGY MGMT.	IA	N/A	C CORP	N/A	N/A	N/A		X
DELHI POINT CONDO ASSOCIATION - 42-1467002 350 N. GRANDVIEW DUBUQUE, IA 52001	REAL ESTATE MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A		X
HCP CORPORATION - 39-1177562 202 SOUTH PARK STREET MADISON, WI 53715	REAL ESTATE RENTAL	WI	N/A	C CORP	N/A	N/A	N/A		X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTRAL IOWA ONCOLOGY CO-MANAGEMENT COMPANY - 45-3017991, 1200 PLEASANT STREET, DES MOINES, IA 50309	ONCOLOGY MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL IOWA PHYSIO, LLC - 36-4799633, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	PHYSICAL THERAPY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL IOWA SURGICAL SERVICES CO-MANAGEMENT CO., L.L.C. - 47-1608704, 1200 PLEASANT ST, DES MOINES, IA	SURGICAL MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DUBUQUE ENDOSCOPY CENTER, L.C. - 20-1597161, 1515 DELHI STREET, SUITE 500, DUBUQUE, IA 52001	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FINLEY DEPT. OF SURGERY CO-MGMT. CO., LLC - 42-2808785, 350 N GRANDVIEW AVE, DUBUQUE, IA 52001	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HANCOCK COUNTY SLF LLP - 20-4445121, 403 S. ADAMS, CARTHAGE, IL 62321	ASSISTED LIVING FACILITY	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW AVE, DUBUQUE, IA 52001	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER, L.C. - 03-0482623, 1200 PLEASANT STREET, DES MOINES, IA 50309	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142, 1776 WEST LAKES PKWY, #400, WEST DES MOINES,	GROUP PURCHASING	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LAKEVIEW SURGERY CENTER, L.C. - 42-1516120, 1200 PLEASANT STREET, DES MOINES, IA 50309	SURGERY CENTER	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERITER UW PHYSICIANS CONTRACTING COMPANY, LLC - 39-1998819, 202 SOUTH PARK STREET, MADISON, WI 53715	HEALTH SERVICES	WI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MISSISSIPPI VALLEY SLEEP DISORDER CENTER, L.C. - 42-1489697, 3400 DEXTER COURT, DAVENPORT, IA 52807	MEDICAL LABORATORY SERVICES	IA	TRINITY MEDICAL CENTER	RELATED	19,972.	484,608.		X	N/A	X		51.00%
MCCI ORTHOPEDIC CO-MANAGEMENT COMPANY, L.L.C. - 46-1219459, 221 NE GLEN OAK AVE, PEORIA, IL 61636	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MR ASSOCIATES, LLP - 42-1260463, 1956 1ST AVENUE NE, CEDAR RAPIDS, IA 52402	OWN AND OPERATE MR UNIT	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC OUTPATIENT SURGERY CENTER, L.C. - 42-1508092, 1200 PLEASANT STREET, DES MOINES, IA 50309	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
REHABILITATION THERAPY SERVICES, L.L.C. - 81-0584193, 416 ST. MARK'S CT, #110, PEORIA, IL 61603	REHABILITATION THERAPY	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS, L.L.C. - 72-1550812, 1075 FIRST AVENUE SE, CEDAR RAPIDS, IA 52403	AMBULATORY SURGERY CENTER.	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
UPHT-SCA HOLDINGS, LLC - 47-3564984, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	AMBULATORY SURGERY CENTER INVESTMENT	DE	TRINITY MEDICAL CENTER	INVESTMENT	1,331,034.	14,728,320.		X	N/A	X		51.00%



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HANCOCK AREA MEDICAL SUPPLY, INC. - 37-1180373, 1204 BUCHANAN ST, CARTHAGE, IL 62321	RETAIL HOME HEALTH MEDICAL EQUIPMENT	IL	N/A	C CORP	N/A	N/A	N/A		X
HANSEN CHARITABLE REMAINDER ANNUITY TRUST - 39-6770806, 210 FOURTH AVENUE, GRINNELL, IA 50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HANSEN CHARITABLE REMAINDER UNITRUST - 39-6770807, 210 FOURTH AVENUE, GRINNELL, IA 50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HEALTH ADVANTAGE PLUS, INC. - 42-1436490 210 4TH AVENUE GRINNELL, IA 50112	PHYSICAL THERAPY	IA	N/A	C CORP	N/A	N/A	N/A		X
HEALTH PLUS INC - 37-1295532 5409 N KNOXVILLE AVE PEORIA, IL 61614	MANAGED CARE ADMINISTRATION	IL	N/A	C CORP	N/A	N/A	N/A		X
HNC SERVICES - 27-0987243 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	FIBER OPTIC NETWORK SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		X
HOME HEALTH PLUS SERVICES, INC. - 36-4053068 P.O. BOX 87 PEORIA, IL 61650	HOME HEALTH SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC. - 42-1237312, 420 NORTH 17TH STREET, KEOKUK, IA 52632	RETAIL DURABLE MEDICAL EQUIPMENT	IA	N/A	C CORP	N/A	N/A	N/A		X
MARIGOLD CITY LAND TRUST NO. ONE - 27-2750273, 2956 COURT STREET, PEKIN, IL 61554	PROPERTY MANAGEMENT	IL	N/A	TRUST	N/A	N/A	N/A		X
MEDIMORE, INC. - 42-1414390 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	MANAGED CARE	IA	N/A	C CORP	N/A	N/A	N/A		X
MERITER HEALTH ENTERPRISES, INC. - 39-1293620, 202 SOUTH PARK STREET, MADISON, WI 53715	MANAGEMENT SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
MERITER MANAGEMENT SERVICES, INC. - 39-1458235, 202 SOUTH PARK STREET, MADISON, WI 53715	ADMINISTRATIVE SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
METHODIST HEALTH VENTURES, INC. - 37-1140939 P.O. BOX 87 PEORIA, IL 61650	PHARMACY/OFFICE STAFFING	IL	N/A	C CORP	N/A	N/A	N/A		X
METHODIST PHYSICIAN SERVICES, INC. - 36-3858550, P.O. BOX 87, PEORIA, IL 61650	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
OPTIMUM HEALTH SOLUTIONS, INC. - 20-5430137 221 NORTHEAST GLEN OAK AVE PEORIA, IL 61636	HEALTH & WELLNESS CONSULTING	IA	N/A	C CORP	N/A	N/A	N/A		X
PEKIN PROHEALTH, INC. - 37-1117052 600 SOUTH 13TH STREET PEKIN, IL 61554	CLINIC	IL	N/A	C CORP	N/A	N/A	N/A		X
PRECEDENCE, INC. - 37-1288604 4622 PROGRESS DRIVE, STE A DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDER RESOURCE MANAGEMENT, INC. - 37-1223550, P.O. BOX 87, PEORIA, IL 61650	RESOURCE MANAGEMENT	IL	N/A	C CORP	N/A	N/A	N/A		X
STL HEALTH RESOURCES CO. - 42-1193499 1026 A AVE NE CEDAR RAPIDS, IA 52402	PHYSICIAN OFFICE RENTAL	IA	N/A	C CORP	N/A	N/A	N/A		X
TRINITY HEALTH ENTERPRISES, INC. - RETAIL 36-3320141, 2701 17TH ST, ROCK ISLAND, IL 61201	DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	N/A	C CORP	N/A	N/A	N/A		X
TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD. - 36-3924720, 4622 PROGRESS DRIVE, STE A, DAVENPORT, IA 52807	MANAGED HEALTH CARE	IA	TRINITY MEDICAL CENTER	C CORP	0.	0.	100.00%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PARTS I - IV:

IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH)

IOWA HEALTH SYSTEM IS AN IOWA NONPROFIT CORPORATION FORMED IN DECEMBER 1994. IOWA HEALTH SYSTEM AND ITS SUBSIDIARIES PROVIDE INPATIENT AND OUTPATIENT CARE AND PHYSICIAN SERVICES FROM 36 HOSPITAL FACILITIES AND OVER 400 OUTPATIENT SITES IN IOWA, ILLINOIS AND WISCONSIN. PRIMARY, SECONDARY AND TERTIARY CARE SERVICES ARE PROVIDED TO RESIDENTS OF IOWA, ILLINOIS, WISCONSIN AND ADJACENT STATES.

ON APRIL 16, 2013, IOWA HEALTH SYSTEM BEGAN BEING PUBLICLY KNOWN AS UNITYPOINT HEALTH (THE SYSTEM). THIS NAME CHANGE REFLECTS THE TRANSFORMATION OF CLINICAL PROCESSES UNDERWAY WITHIN THE SYSTEM AND THE ADAPTATION TO BETTER ADDRESS THE HEALTH CARE NEEDS OF COMMUNITIES, INCLUDING BUILDING A MODEL OF DELIVERING HEALTH CARE THAT COORDINATES CARE AROUND THE PATIENT WHILE FOCUSING ON IMPROVING THE QUALITY OF CARE AND REDUCING COSTS. THE LEGAL NAME OF THE PARENT REMAINS IOWA HEALTH SYSTEM, WITH THE UNITYPOINT HEALTH NAME REFLECTING A DOING BUSINESS AS (D/B/A).