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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 black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2009
		Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TRINITY MEDICAL CENTER		D Employer identification number 36-2739299	
		Doing Business As		E Telephone number (309) 779-5000	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2701 17TH ST		G Gross receipts \$ 334,778,584	
		City or town, state or country, and ZIP + 4 ROCK ISLAND, IL 61201			
			F Name and address of principal officer THOMAS TIBBITTS 2701 17TH ST ROCK ISLAND,IL 61201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.TRINITYQC.COM					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1969	M State of legal domicile IL

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	3,202
6	Total number of volunteers (estimate if necessary)	6	352	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	99,333
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	6,738
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,495,442	2,537,893
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	291,533,054	295,145,514
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,103,663	3,737,076
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,090,668	2,279,639
			289,015,501	303,700,122
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,549,802	2,214,992
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	131,528,684	127,849,802
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	158,429,401	159,856,219
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	293,507,887	289,921,013
	19	Revenue less expenses Subtract line 18 from line 12	-4,492,386	13,779,109
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	301,243,014	319,060,810
	21	Total liabilities (Part X, line 26)	181,722,380	170,351,411
	22	Net assets or fund balances Subtract line 21 from line 20	119,520,634	148,709,399

Part II	Signature Block
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Sign Here	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				
	*****		2010-10-21		
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶				EIN ▶
					Phone no ▶

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

Part III

Statement of Program Service Accomplishments

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

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 203,109,734 including grants of \$ 1,690,826) (Revenue \$ 295,984,024)

HEALTH-CARE SERVICESTRINITY 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 HEALTHCARE 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, 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, 2009, TRINITY MEDICAL CENTER ADMITTED 19,740 PATIENTS RESULTING IN A TOTAL OF 83,661 PATIENT DAYS TOTAL OUTPATIENT SURGERY REGISTRATIONS FOR THE SAME PERIOD WERE 9,524 THERE WERE ALSO 77,984 EMERGENCY ROOM VISITS AND 1,976 BABIES DELIVERED

4b

(Code) (Expenses \$ 19,351,343 including grants of \$ 524,166) (Revenue \$)

CHARITY CARE, MEANS-TESTED PROGRAMS AND OTHER COMMUNITY BENEFITS 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 TO 15,319 PEOPLE AT A VALUE OF \$9,814,336 IN 2009 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 HEALTH-CARE PROGRAMS TRINITY MEDICAL CENTER’S NET COST OF PROVIDING CARE FOR WHICH IT RECEIVES PAYMENT BELOW ITS COST IS \$7,072,482 FOR 2009 TOTAL CHARITY CARE AND MEANS-TESTED PROGRAMS REPORTED VALUE \$16,886,818 OTHER BENEFITS TRINITY MEDICAL CENTER PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS, HEALTH PROFESSIONAL’S EDUCATION, 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 DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS APPROXIMATELY 172,076 PERSONS WERE SERVED THROUGH THESE PROGRAMS TOTAL OTHER BENEFITS REPORTED VALUE \$2,464,525

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

\$ 222,461,077

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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? If "Yes," complete Schedule D, Part VII.			
	• 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? If "Yes," complete Schedule D, Part VIII.			
	• 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? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	271	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,202	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a 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)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a 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?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	18	
b	Enter the number of voting members that are independent	1b	12	
2	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?	2		No
3	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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed IL , IA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SUSAN M KAISER DIR FINANCE 2701 17TH ST ROCK ISLAND, IL 61201 (309) 779-2895

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	5,909,807	2,239,029	1,613,036
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶115

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
METROPOLITAN MEDICAL LAB P L C 1520 7TH STREET MOLINE, IL 61265	LAB SERVICES	8,706,476
CARDIAC SURGERY ASSOCIATES SC PO BOX 1285 JOLIET, IL 604341285	CARDIAC SERVICES	1,433,850
DIVERSIFIED CLINICAL SERVICES PO BOX 850001 ORLANDO, FL 328850248	WOUND CARE SERVICES	1,146,186
ARAMARK MANAGEMENT SERVICES 22506 NETWORK PLACE CHICAGO, IL 606731225	FOOD SERVICES	975,326
METRO MRI CENTER LIMITED PART 615 VALLEY VIEW DRIVE STE 202 MOLINE, IL 61265	IMAGING SERVICES	879,769

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶30

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	10,340				
	d	Related organizations	1d	2,430,590				
	e	Government grants (contributions)	1e	44,768				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	52,195				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		2,537,893				
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	900,099	288,021,858	288,021,858			
	b	EDUCATION, RESEARCH AN	611,600	2,392,597	2,392,597			
	c	RENTAL INCOME	531,120	1,864,242	1,864,242			
	d	PROGRAM SERVICE SUBSID	900,099	1,337,647	1,337,647			
	e	MANAGEMENT, IT AND SUP	561,000	788,735	706,208	82,527		
	f	All other program service revenue		740,435	723,629	16,806		
	g	Total. Add lines 2a-2f		295,145,514				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,304,781			2,304,781	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) O ther				
		31,867,202		169,100				
		29,904,866		699,141				
		1,962,336		-530,041				
	d	Net gain or (loss)		1,432,295			1,432,295	
	8a	Gross income from fundraising events (not including \$ 10,340 of contributions reported on line 1c) See Part IV, line 18		a	46,498			
		Less direct expenses		b	7,620			
		Net income or (loss) from fundraising events . . .			38,878			38,878
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
Net income or (loss) from gaming activities . . .								
10a	Gross sales of inventory, less returns and allowances		a	477,516				
	Less cost of goods sold		b	466,835				
	Net income or (loss) from sales of inventory . . .			10,681			10,681	
Miscellaneous Revenue		Business Code						
11a	CAFETERIA AND FOOD SER		722,210	1,391,570			1,391,570	
b	MISCELLANEOUS		900,099	838,510	838,510			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			2,230,080				
12	Total revenue. See Instructions			303,700,122	295,884,691	99,333	5,178,205	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,204,492	2,204,492		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	10,500	10,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,608,339		3,608,339	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,034,033	84,575,803	11,458,230	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,406,704	3,880,921	525,783	
9	Other employee benefits	17,499,871	15,411,886	2,087,985	
10	Payroll taxes	6,300,855	5,549,074	751,781	
11	Fees for services (non-employees)				
a	Management	12,083,300	1,005,279	11,078,021	
b	Legal	580,815	53,725	527,090	
c	Accounting				
d	Lobbying	25,000		25,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	129,562		129,562	
g	Other	31,493,003	20,409,517	11,083,486	
12	Advertising and promotion	245,755	107,629	138,126	
13	Office expenses	67,216,603	66,128,508	1,088,095	
14	Information technology	3,830,409	3,032,248	798,161	
15	Royalties				
16	Occupancy	8,010,742	2,611,175	5,399,567	
17	Travel	315,909	138,184	177,725	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,257	28,173	17,084	
20	Interest	5,631,114		5,631,114	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,147,190	5,361,188	9,786,002	
23	Insurance	2,382,735	187,496	2,195,239	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	11,632,477	11,632,477		
b	MISCELLANEOUS EXPENSES	1,084,948	132,802	952,146	
c	INCOME TAXES	1,400		1,400	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	289,921,013	222,461,077	67,459,936	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			14,499	1	14,464
	2	Savings and temporary cash investments			3,209,637	2	15,760,945
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			42,928,522	4	36,383,249
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			18,338,630	7	13,543,050
	8	Inventories for sale or use			6,945,572	8	7,873,428
	9	Prepaid expenses and deferred charges			1,367,976	9	1,163,007
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	292,490,176	148,113,060	10c	138,808,709
	b	Less accumulated depreciation	10b	153,681,467			
	11	Investments—publicly traded securities			70,034,767	11	95,083,986
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			8,593,951	13	8,912,555
	14	Intangible assets			1,696,400	14	1,517,417
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			301,243,014	16	319,060,810
Liabilities	17	Accounts payable and accrued expenses			27,406,206	17	19,957,857
	18	Grants payable				18	
	19	Deferred revenue			28,311	19	-122,421
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			6,290,415	24	7,870,414
	25	Other liabilities Complete Part X of Schedule D			147,997,448	25	142,645,561
	26	Total liabilities. Add lines 17 through 25			181,722,380	26	170,351,411
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			116,010,171	27	144,781,535
	28	Temporarily restricted net assets			2,251,900	28	2,632,568
	29	Permanently restricted net assets			1,258,563	29	1,295,296
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			119,520,634	33	148,709,399
	34	Total liabilities and net assets/fund balances			301,243,014	34	319,060,810

Part XI Financial Statements and Reporting

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
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 . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes

No
- 4a

Was a correction made?

Yes

No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

Yes

No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		25,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				25,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	DENNY JACOBS AND ASSOCIATES ACTS ON TMC'S BEHALF TO PROMOTE AND EDUCATE LEGISLATORS AND STATE GOVERNMENT ABOUT TMC'S POSITION RELATING TO LAWS, BILLS, POLICIES, PROCEDURES AND ETC

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization TRINITY MEDICAL CENTER	Employer identification number 36-2739299
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div>YesNo</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div>YesNo</div>
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? <div>YesNo</div>
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items
a	Revenues included in Form 990, Part VIII, line 1▶\$ _____
b	Assets included in Form 990, Part X▶\$ _____

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	73,344,833	98,982,185			
b Contributions	6,436,324	582,339			
c Investment earnings or losses	19,425,565	-26,903,952			
d Grants or scholarships	443,195	446,486			
e Other expenditures for facilities and programs		-1,130,747			
f Administrative expenses					
g End of year balance	98,763,528	73,344,833			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 96 020 % %

b

Permanent endowment ▶ 1 310 % %

c

Term endowment ▶ 2 670 % %

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

3a(i)

No

3a(ii)

No

b

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

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,322,281		6,322,281
b Buildings		194,656,656	91,761,247	102,895,409
c Leasehold improvements				
d Equipment		83,416,669	57,727,072	25,689,597
e Other		8,094,570	4,193,148	3,901,422
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				138,808,709

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	303,700,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	289,921,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,779,109
4	Net unrealized gains (losses) on investments	4	15,302,189
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	107,467
9	Total adjustments (net) Add lines 4 - 8	9	15,409,656
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,188,765

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	330,536,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,789,990
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	15,200,237
e	Add lines 2a through 2d	2e	27,990,227
3	Subtract line 2e from line 1	3	302,545,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,154,349
c	Add lines 4a and 4b	4c	1,154,349
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	303,700,122

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	308,048,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	19,280,912
e	Add lines 2a through 2d	2e	19,280,912
3	Subtract line 2e from line 1	3	288,767,088
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,153,925
c	Add lines 4a and 4b	4c	1,153,925
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	289,921,013

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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 XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN TRINITY HEALTH FOUNDATION 437681 MINIMUM PENSION LIABILITY ADJUSTMENT -330214
Part XII, Line 2d - Other Adjustments		SUBSIDIARY ELIMINATING ENTRIES (PRECEDENCE) 444874 SPECIAL EVENT EXPENSES 7620 AUXILIARY CONTRIBUTION ADJUSTMENT 118536 COST OF GOODS SOLD 466835 SUBSIDIARY ELIMINATING ENTRIES (RYC) 14162372
Part XII, Line 4b - Other Adjustments		REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE 334 IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE REBATES 1153607 ROUNDING 408
Part XIII, Line 2d - Other Adjustments		SUBSIDIARY ELIMINATING ENTRIES (PRECEDENCE) 444874 SUBSIDIARY ELIMINATING ENTRIES (RYC) 14162372 AUXILIARY CONTRIBUTION ADJUSTMENT 118536 COST OF GOODS SOLD 466835 SPECIAL EVENT EXPENSES 7620 EXPENSES IN UNRESTRICTED FUND BALANCE 4080675
Part XIII, Line 4b - Other Adjustments		ROUNDING 318 IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE REBATES 1153607

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
TRINITY MEDICAL CENTER

Employer identification number
36-2739299

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		STYLE SHOW (event type)	JEWELRY SALE (event type)	8 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	29,732	5,581	21,525
	2	Less Charitable contributions	10,340		10,340
	3	Gross income (line 1 minus line 2)	19,392	5,581	21,525
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	5,918		5,918
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,702		1,702
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			7,620
	11	Net income summary Combine lines 3, column d, and line 10. ▶			38,878

Part III Gaming. Complete if the organization answered "Yes" to 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	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
TRINITY MEDICAL CENTER

Employer identification number
36-2739299

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <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 100000 0000000000 % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	Yes	
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	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?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(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
a Charity care at cost (from Worksheets 1 and 2) . . .		15,319	9,814,336		9,814,336	3 390 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . .			33,335,903	26,263,421	7,072,482	2 440 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		15,319	43,150,239	26,263,421	16,886,818	5 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		132,971	1,529,454		1,529,454	0 530 %
f Health professions education (from Worksheet 5) . . .		905	94,245		94,245	0 030 %
g Subsidized health services (from Worksheet 6) . . .		15	11,931		11,931	0 %
h Research (from Worksheet 7)		2,291	304,729		304,729	0 110 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .		35,894	524,166		524,166	0 180 %
j Total Other Benefits		172,076	2,464,525		2,464,525	0 850 %
k Total. Add lines 7d and 7j . . .		187,395	45,614,764	26,263,421	19,351,343	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing						
2Economic development						
3Community support		2,143	49,550		49,550	0.020 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total		2,143	49,550		49,550	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	4,683,080	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	100,478,278	
6Enter Medicare allowable costs of care relating to payments on line 5	6	114,634,230	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-14,155,952	
8Describe 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

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(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 %
1QUAD CITY AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	50.000 %		50.000 %
2TRINITY PHYSICIAN HOSPITAL ORGANIZATION LTD	LICENSED PPO PROVIDING HEALTH MGMT SERVICES TO PEOPLE IN IL & IA	50.000 %		42.600 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
TRINITY MEDICAL CENTER - WEST CAMPUS 2701 17TH ST ROCK ISLAND,IL 61201	X	X					X		
TRINITY MEDICAL CENTER - 7TH ST CAMPUS 500 JOHN DEERE RD MOLINE,IL 61265	X	X					X		
TRINITY MEDICAL CENTER - TERRACE PARK CA 4500 UTICA RIDGE RD BETTENDORF,IA 52722	X	X					X		
TRINITY CENTER FOR WOUND CARE 4480 UTICA RIDGE RD SUITE 110 BETTENDORF,IA 52722									OUTPATIENT ONLY
TRINITY OUTPATIENT REHABILITATION SERVIC 4480 UTICA RIDGE RD SUITE 102 BETTENDORF,IA 52722									OUTPATIENT ONLY
QUAD CITY AMBULATORY SURGERY CENTER 520 VALLEY VIEW DRIVE SUITE 300 MOLINE,IL 61265									AMBULATORY SURGERY CENTER

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THEIR BALANCE IS WRITTEN OFF DIRECTLY RATHER THAN BEING SENT TO THE COLLECTION AGENCY

Part III, Line 8 THE HOSPITAL BELIEVES THE ENTIRE AMOUNT OF THE MEDICARE SHORTFALL REPORTED ON LINE 7 ABOVE SHOULD BE TREATED AS COMMUNITY BENEFIT, MORE SPECIFICALLY, AS CHARITY CARE THIS IS BECAUSE 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 OR MEDICAID IN ADDITION TO MEDICARE IF THESE PATIENTS HAD BEEN TREATED AS CHARITY CARE, THE ENTIRE COST OF MEDICAL CARE WOULD HAVE BEEN CONSIDERED COMMUNITY BENEFIT UNDER PART I 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

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

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 TRINITY MEDICAL CENTER CONTINUALLY WORKS WITH COMMUNITY PARTNERS IN THE QUAD CITY AREA TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY SPECIFICALLY, TRINITY MEDICAL CENTER IS A SPONSORING PARTNER OF QUAD CITY HEALTH INITIATIVE WHICH IS A COMMUNITY COLLABORATIVE CONVENED BY GENESIS HEALTH SYSTEM AND TRINITY REGIONAL HEALTH SYSTEM TO ASSESS, ADDRESS AND MONITOR THE HEALTH NEEDS OF THE QUAD CITY AREA THROUGH A PLANNED AND ORGANIZED EFFORT, QUAD CITY HEALTH INITIATIVE DEVELOPS A HEALTH AGENDA BY IDENTIFYING SPECIFIC HEALTH PRIORITIES THAT ARE RELEVANT TO THE COMMUNITY QUAD CITY HEALTH INITIATIVE WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES THROUGH LEVERAGING THE RESOURCES OF THE COMMUNITY TRINITY MEDICAL CENTER, AS A SPONSORING AGENCY, ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION AND CAPACITY TRINITY MEDICAL CENTER ALSO PARTICIPATES AS PART OF THE UNITED WAY OF THE QUAD CITIES IOWA'S COMMUNITY IMPACT COMMITTEE THIS GROUP ACTIVELY ADDRESSES NEED AND STRATEGIES ASSOCIATED WITH HEALTH MORE SPECIFICALLY, THIS GROUP OFTEN FOCUSES ON THE SOCIAL DETERMINANTS OF HEALTH AND HOW TO IMPACT THEM IN THE EFFORT TO RAISE THE COMMUNITY HEALTH STATUS THIS WIDE BASED COLLABORATIVE PROVIDES OPPORTUNITIES FOR TRINITY MEDICAL CENTER TO ENGAGE IN VARIOUS AREAS OF SERVICE TO THE COMMUNITY THAT MAY BE OUTSIDE OF ITS TYPICAL EXPERTISE BUT WITHIN ITS EXISTING RESOURCES IN ADDITION TO THESE ORGANIZED COMMUNITY EFFORTS, TRINITY MEDICAL CENTER CONTINUALLY MONITORS COMMUNITY NEEDS SPECIFIC TO IT'S SERVICE LINES AND THE RESOURCES IT CAN LEVERAGE TO ADDRESS THEM INDIVIDUAL DEPARTMENTS OFTEN WORK TO IDENTIFY SPECIFIC NEEDS RELATED TO THEIR SERVICES AND THE POPULATION THEY IMPACT

- 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 charity care policy

Part VI, Line 3 TRINITY MEDICAL CENTER PERFORMS THE FOLLOWING ACTIVITIES TO COMMUNICATE THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE TO ALL PATIENTS 1) PLACES SIGNAGE, INFORMATION, AND/OR BROCHURES IN APPROPRIATE AREAS OF THE PROVIDER (E.G., THE EMERGENCY DEPARTMENT, AND REGISTRATION AND CHECK-OUT/CASHIER AREAS) STATING THAT THE PROVIDER/PHYSICIAN PRACTICE OFFERS CHARITY CARE AND DESCRIBES HOW TO OBTAIN MORE INFORMATION ABOUT FINANCIAL ASSISTANCE, 2) PLACES A NOTE ON THE HEALTH-CARE BILL AND STATEMENTS REGARDING HOW TO REQUEST INFORMATION ABOUT FINANCIAL ASSISTANCE, 3) DESIGNATES INDIVIDUALS WHO CAN EXPLAIN THE PROVIDER'S CHARITY CARE POLICY, AND 4) INSTRUCTS STAFF WHO INTERACT WITH PATIENTS TO DIRECT QUESTIONS REGARDING THE CHARITY CARE POLICY TO THE PROPER PROVIDER REPRESENTATIVE

- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 TRINITY MEDICAL CENTER IS A 515-BED COMMUNITY HOSPITAL IN EASTERN IOWA AND WESTERN ILLINOIS. TRINITY MEDICAL CENTER IS NONDENOMINATIONAL AND SERVES ALL WHO COME HERE, REGARDLESS OF REASON OR CIRCUMSTANCE. EIGHTY PERCENT OF TRINITY MEDICAL CENTER'S INPATIENT MARKET RESIDENTS LIVE WITHIN THE IOWA COUNTIES OF CLINTON, MUSCATINE AND SCOTT, AND ILLINOIS COUNTIES OF HENRY, MERCER AND ROCK ISLAND. TRINITY MEDICAL CENTER ADMITS APPROXIMATELY 19,740 INPATIENTS AND CARES FOR 77,984 EMERGENCY PATIENTS PER YEAR. THERE ARE SEVEN OTHER HOSPITALS WITHIN THE SIX-COUNTY SERVICE AREA. FOR THESE COUNTIES, THE MEDIAN HOUSEHOLD INCOMES RANGE FROM \$53,234 TO \$46,851, AND THE AVERAGE POVERTY RATE IS 11.6 PERCENT. MUSCATINE, ROCK ISLAND AND SCOTT COUNTIES ARE THE ONLY COUNTIES IN THE SERVICE AREA WITH SIGNIFICANT MINORITY POPULATION. MUSCATINE COUNTY IS 96.6 PERCENT CAUCASIAN, ROCK ISLAND COUNTY IS 88.0 PERCENT CAUCASIAN AND 7.9 PERCENT AFRICAN AMERICAN, SCOTT COUNTY IS 88.7 PERCENT CAUCASIAN AND 7.0 PERCENT AFRICAN-AMERICAN. APPROXIMATELY 59% OF TRINITY MEDICAL CENTER PATIENTS ARE ELIGIBLE FOR MEDICARE OR MEDICAID.

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 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 FREE CLINICS OR AGENCIES, OR THROUGH LEADERSHIP AND EDUCATIONAL EXPERTISE TRINITY MEDICAL CENTER CONTRIBUTES FINANCIALLY TO A WIDE VARIETY OF COMMUNITY ORGANIZATIONS THAT ADDRESS THE BROADER 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 OTHER DONATIONS SUCH AS FOOD OR OTHER DURABLE GOODS PROVIDE AREA SHELTERS AND OTHER ORGANIZATIONS IN THE AREA THIS ALLOWS THESE ORGANIZATIONS TO 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 COMMUNITY COLLABORATIVE COLLECTIVELY WORKING TO ADDRESS COMPLEX HEALTH ISSUES THESE TYPES OF ACTIVITIES SPEAK TO THE BREADTH AND CAPACITY THAT TRINITY MEDICAL CENTER HAS IN IMPACTING THE HEALTH STATUS OF THE COMMUNITY IN A VERY COMPREHENSIVE AND INTENTIONAL APPROACH

- 6 Provide any other information important to describing how the organization's hospitals 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.)

Part VI, Line 6 TRINITY MEDICAL CENTER IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITH THE GOAL OF PROMOTING THE HEALTH OF THE COMMUNITIES IT SERVES TRINITY MEDICAL CENTER 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 TRINITY MEDICAL CENTER 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

- 7** 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

Part VI, Line 7 TRINITY MEDICAL CENTER IS PART OF IOWA HEALTH SYSTEM INITIALLY FORMED IN 1995, IOWA HEALTH SYSTEM IS THE STATE'S FIRST AND LARGEST INTEGRATED HEALTH SYSTEM, SERVING NEARLY ONE OF EVERY THREE PATIENTS IN IOWA THROUGH RELATIONSHIPS WITH 26 HOSPITALS IN METROPOLITAN AND RURAL COMMUNITIES AND MORE THAN 140 PHYSICIAN CLINICS, IOWA HEALTH SYSTEM PROVIDES CARE THROUGHOUT IOWA AND WESTERN ILLINOIS IOWA HEALTH SYSTEM ENTITIES EMPLOY THE STATE'S LARGEST NONPROFIT WORKFORCE, WITH NEARLY 20,000 EMPLOYEES WORKING TOWARD INNOVATIVE ADVANCEMENTS TO DELIVER THE BEST OUTCOME FOR EVERY PATIENT EVERY TIME EACH YEAR THROUGH MORE THAN 2.5 MILLION PATIENT VISITS, IOWA HEALTH SYSTEM HOSPITALS AND CLINICS PROVIDE A FULL RANGE OF CARE TO PATIENTS AND FAMILIES WITH ANNUAL REVENUES OF \$2 BILLION, IOWA HEALTH SYSTEM IS THE SIXTH LARGEST NONDENOMINATIONAL HEALTH SYSTEM IN AMERICA AND PROVIDES COMMUNITY BENEFIT PROGRAMS AND SERVICES TO IMPROVE THE HEALTH OF PEOPLE IN ITS COMMUNITIES IOWA HEALTH SYSTEM 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 2009, IOWA HEALTH SYSTEM AND ITS AFFILIATES PROVIDED MORE THAN \$128 MILLION OF COMMUNITY BENEFITS THE CONTRIBUTIONS TO THEIR COMMUNITIES BY IOWA HEALTH SYSTEM AND ITS AFFILIATES ARE REPORTED IN DETAIL IN STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (PART III) OF THE IRS FORM 990 OF THOSE AFFILIATES

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report:

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH FOUNDATION2701 17TH ST ROCK ISLAND,IL 61201	363321751	501(c)(3)	175,000				PROGRAM SUPPORT
IOWA HEALTH SYSTEM 1200 PLEASANT ST DES MOINES,IA 50309	421435199	501(c)(3)	2,025,586				PROGRAM SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TRINITY MEDICAL CENTER

Employer identification number
36-2739299

Part I

Questions Regarding Compensation

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	A HOUSING ALLOWANCE WAS PROVIDED TEMPORARILY FOR TWO NEW EXECUTIVES WHILE THEY WERE TRANSITIONING THEIR RESIDENCE LOCALLY. THIS ALLOWANCE WAS TAXED AS PART OF THEIR PAYROLL.
	Part I, Line 4a	Part I, Line 4a. THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME: LORRAINE RODRIGUES FISHER \$5,385. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: ANDREA COLEMAN \$19,075, WILLIAM LEAVER \$314,345, MORRIS SELIGMAN \$12,886, JEFFREY STOLZE \$42,436, THOMAS TIBBITTS \$476,924, KEVIN VERMEER \$76,077.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization TRINITY MEDICAL CENTER	Employer identification number 36-2739299
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Identifier	Return Reference	Explanation
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 11		THE FORM 990 IS PREPARED INTERNALLY BY THE TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION EACH SECTION OF THE RETURN IS REVIEWED BY FUNCTIONAL AREA WITH RESPONSIBILITY ALONG WITH THE TAX DEPARTMENT A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW A SUBCOMMITTEE OF THE BOARD REVIEWS THE FORM 990 AND REPORTS BACK TO THE FULL BOARD A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHY SIC IANS 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 PHY SIC IAN 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-DELEGA TED 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 SY STEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SY STEM 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 INDIV IDUALS 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 PHY SIC IAN 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 PHY SIC IAN 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 PHY SIC IAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT 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-DELEGA TED 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 EMPLOYEE OR REPORTING PHY SIC IAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15a		THE ORGANIZATION, AS PART OF IOWA HEALTH SY STEM, IS INCLUDED IN THE PROCESS OF ESTABLISHING REASONABLE AND APPROPRIATE COMPENSATION SY STEM-WIDE, WE COMPARE OUR TOP 50 POSITIONS WITH LIKE/COMPARABLE ENTITIES ACROSS THE COUNTRY , USING THE BEST, INDEPENDENT COMPENSATION CONSULTANTS AVAILABLE BASED ON THIS INPUT, COMPENSATION, INCLUDING INCENTIVE COMPENSATION PROGRAMS AND BENEFITS ARE STRUCTURED OUR MARKET DATA, COMPENSATION CONSULTANT, AND BOARD OF COMMUNITY AND BUSINESS LEADERS FULLY SUPPORT THE REASONABLENESS OF OUR EXECUTIVES' COMPENSATION WE FULLY COMPLY WITH THE COMPREHENSIVE FEDERAL LAW AND REGULATIONS COVERING EXECUTIVE COMPENSATION IN TAX EXEMPT ENTITIES, AND HAD 3 ENTITIES REVIEWED BY THE IRS FOR TAX YEAR 2002 THE IRS ISSUED NO CHANGE LETTERS CLOSING THE REVIEW THE ANALY SIS WAS LAST PERFORMED IN NOVEMBER 2009 FOR THE FOLLOWING INDIVIDUALS ANDREA COLEMAN, WILLIAM LEAVER, MORRIS SELIGMAN, JEFFREY STOLZE, TOM TIBBITTS, KEVIN VERMEER
Form 990, Part VI, Section C, line 19		IOWA HEALTH SY STEM, OUR PARENT ORGANIZATION, HAS VOLUNTARILY ADOPTED MANY OF OUR INDUSTRY'S GOVERNANCE "BEST PRACTICES " WE'VE DONE SO TO FURTHER ASSURE OUR STAKEHOLDERS THAT OUR GOVERNANCE AND MANAGEMENT IS CONDUCTED RESPONSIBLY AND WARRANTS THE TRUST YOU PLACE IN US IN SEPTEMBER 2003, THE IOWA HEALTH BOARD OF DIRECTORS VOLUNTARILY ADOPTED OVER 40 CHANGES TO ITS GOVERNANCE STRUCTURE TO BETTER COMPLY WITH GOVERNANCE BEST PRACTICES IN ADDITION, MANY GOVERNANCE POLICIES AND CORPORATE INFORMATION HAS BEEN ADDED TO THE IOWA HEALTH SYSTEM WEBSITE, INCLUDING BUT NOT LIMITED TO OVER 130 CORPORATE COMPLIANCE POLICIES, INCLUDING CHARITY CARE AND CONFLICT OF INTEREST, GOVERNANCE BEST PRACTICE POLICIES, BOARD MEMBERS AND COMMITTEES, COMPENSATION FOR EACH SENIOR AFFILIATE TOP EXECUTIVE, AND FINANCIAL INFORMATION FOR PAST SEVEN YEARS

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

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

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 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

See Additional Data Table

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?	
							Yes	No			
See Additional Data Table											

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
MEDIMORE INC 1200 PLEASANT ST DES MOINES, IA50309 42-1414390	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C	213,077		100 000 %
PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA52807 37-1288604	MANAGED MENTAL CARE	IA	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	C	543,400	363,524	100 000 %
ST LUKE'S DEVELOPMENT COMPANY 1026 A AVE NE CEDAR RAPIDS, IA52402 42-1353658	LESSOR NONRESIDENTIAL REAL ESTATE	IA	ST LUKE'S HEALTH CARE FOUNDATION	C	-148,038	6,775,590	100 000 %
STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	ST LUKE'S METHODIST HOSPITAL	C	369,116	6,806,817	100 000 %
TRIMARK PHYSICIANS GROUP INC 802 KENYON ROAD FORT DODGE, IA50501 42-1335554	MEDICAL CLINICS	IA	TRINITY HEALTH SYSTEMS INC	C	41,207,370	15,473,912	100 000 %
TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	TRINITY REGIONAL HEALTH SYSTEM	C	3,826,285	8,415,764	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

Yes

No

No

No

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 36-2739299

Name: TRINITY MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
STEPHANIE ACRI TRUSTEE - VICE CHAIR	1 00	X		X				0	0	0
KIM ARMSTRONG TRUSTEE	1 00	X						0	0	0
DR RANDY BAY TRUSTEE	1 00	X						369,291	0	43,309
DUNCAN CAMERON TRUSTEE	1 00	X						0	0	0
JAMES HASS TRUSTEE - CHAIR	1 00	X		X				0	0	0
DR FARAZ MANAZIR TRUSTEE	1 00	X						0	0	0
KENNY MASSEY TRUSTEE	1 00	X						0	0	0
THOMAS MCGOVERN TRUSTEE	1 00	X						0	0	0
PETER MCLAUGHLIN TRUSTEE	1 00	X						0	10,250	0
LINDA NEWBORN TRUSTEE (FR 3/09)	1 00	X						0	13,500	0
DR AHMED OKBA TRUSTEE	1 00	X						0	500	0
DR ALEX PAREIGIS TRUSTEE (FR 3/09)	1 00	X						0	0	0
DR KARLA POLASCHEK TRUSTEE	1 00	X						0	0	0
KATHY PULLEY TRUSTEE	1 00	X						0	0	0
KARLA STEELE TRUSTEE (FR 3/09)	1 00	X						0	0	0
HEIDI STORL TRUSTEE	1 00	X						0	0	0
KAI SWANSON TRUSTEE	1 00	X						0	0	0
ANDREA COLEMAN TO 1109 TRUSTEE/PRESIDENT/CEO	40 00	X		X				446,020	0	56,863
TOM TIBBITTS FR 1109 TRUSTEE/INTERIM PRES/CEO	40 00	X		X				0	524,732	494,663
GREG PAGLIUZZA JR INTERIM CFO (FR 5/09)	40 00			X				169,425	0	0
KEVIN VERMEER CORP VP & CFO (TO 5/09)	40 00			X				131,955	288,664	113,594
GARY BARGSTADT PRESIDENT TVNHA	40 00				X			37,094	124,123	14,615
PAUL BOLGER MED DIR ED	40 00				X			497,963	0	41,937
KATHLEEN CUNNINGHAM ADMINISTRATOR/VP OPERATI	40 00				X			196,490	0	25,958
PENNY DAVIS FR 509 ADMINISTRATOR/VP OPERATI	40 00				X			158,293	0	3,376

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CAROL DWYER TO 709 VP CHIEF NURSING EXEC	40 00				X			188,410	0	20,918
JON HONSEY VP STRATEGIC DEVELOP & P	40 00				X			210,173	0	39,178
AAMIR PASHA PHYSICIAN/HOSPITALIST	40 00				X			271,181	0	40,621
MICHAEL PATTERSON ADMINISTRATOR/VP OPERATI	40 00				X			246,149	0	29,553
LORRAINE RODRIGUES FISHE CHANCELLOR	40 00				X			157,352	0	13,951
MORRIS SELIGMAN CORP VP MED AFF CHIEF ME	40 00				X			383,097	0	55,902
JEFFREY STOLZE CORP VP	40 00				X			234,236	0	84,100
FELIPE ENRIQUEZ PHYSICIAN-TMC PULMONARY	40 00					X		415,970	0	26,240
CHARLES LEMON PHYSICIAN-ER/TRAUMA	40 00					X		410,060	0	39,970
WILLIAM OLSON PHYSICIAN SURG PARTNER C	40 00					X		564,080	0	31,126
CHAD VANDERLINDEN PHYSICIAN-ER/TRAUMA	40 00					X		432,077	0	38,800
PAUL WANG PHYSICIAN-FP COAL VALLEY	40 00					X		390,491	0	38,251
WILLIAM LEAVER FORMER PRESIDENT/CEO	0 00						X	0	1,277,260	360,111

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	900,099	288,021,858	288,021,858		
EDUCATION, RESEARCH AN	611,600	2,392,597	2,392,597		
RENTAL INCOME	531,120	1,864,242	1,864,242		
PROGRAM SERVICE SUBSID	900,099	1,337,647	1,337,647		
MANAGEMENT, IT AND SUP	561,000	788,735	706,208	82,527	

Software ID:

Software Version:

EIN: 36-2739299

Name: TRINITY MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR RANDY BAY	(i) 282,897 (ii) 0	(i) 0 (ii) 0	(i) 86,394 (ii) 0	(i) 19,511 (ii) 0	(i) 23,798 (ii) 0	(i) 412,600 (ii) 0	(i) 0 (ii) 0
ANDREA COLEMAN (TO 1109)	(i) 334,839 (ii) 0	(i) 47,520 (ii) 0	(i) 63,661 (ii) 0	(i) 32,326 (ii) 0	(i) 24,537 (ii) 0	(i) 502,883 (ii) 0	(i) 0 (ii) 0
TOM TIBBITTS (FR 1109)	(i) 0 (ii) 372,407	(i) 0 (ii) 81,570	(i) 0 (ii) 70,755	(i) 0 (ii) 483,916	(i) 0 (ii) 10,747	(i) 0 (ii) 1,019,395	(i) 0 (ii) 0
GREG PAGLIUZZA JR	(i) 154,800 (ii) 0	(i) 0 (ii) 0	(i) 14,625 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 169,425 (ii) 0	(i) 0 (ii) 0
KEVIN VERMEER	(i) 92,019 (ii) 244,247	(i) 28,940 (ii) 0	(i) 10,996 (ii) 44,417	(i) 8,406 (ii) 83,360	(i) 11,162 (ii) 10,666	(i) 151,523 (ii) 382,690	(i) 0 (ii) 0
GARY BARGSTADT	(i) 33,632 (ii) 97,545	(i) 0 (ii) 15,040	(i) 3,462 (ii) 11,538	(i) 2,025 (ii) 6,778	(i) 1,275 (ii) 4,537	(i) 40,394 (ii) 135,438	(i) 0 (ii) 0
PAUL BOLGER	(i) 435,748 (ii) 0	(i) 0 (ii) 0	(i) 62,215 (ii) 0	(i) 21,498 (ii) 0	(i) 20,439 (ii) 0	(i) 539,900 (ii) 0	(i) 0 (ii) 0
KATHLEEN CUNNINGHAM	(i) 153,512 (ii) 0	(i) 18,086 (ii) 0	(i) 24,892 (ii) 0	(i) 13,167 (ii) 0	(i) 12,791 (ii) 0	(i) 222,448 (ii) 0	(i) 0 (ii) 0
PENNY DAVIS (FR 509)	(i) 122,028 (ii) 0	(i) 20,000 (ii) 0	(i) 16,265 (ii) 0	(i) 0 (ii) 0	(i) 3,376 (ii) 0	(i) 161,669 (ii) 0	(i) 0 (ii) 0
CAROL DWYER (TO 709)	(i) 120,188 (ii) 0	(i) 23,937 (ii) 0	(i) 44,285 (ii) 0	(i) 13,717 (ii) 0	(i) 7,201 (ii) 0	(i) 209,328 (ii) 0	(i) 0 (ii) 0
JON HONSEY	(i) 171,151 (ii) 0	(i) 20,689 (ii) 0	(i) 18,333 (ii) 0	(i) 15,799 (ii) 0	(i) 23,379 (ii) 0	(i) 249,351 (ii) 0	(i) 0 (ii) 0
AAMIR PASHA	(i) 260,059 (ii) 0	(i) 0 (ii) 0	(i) 11,122 (ii) 0	(i) 18,308 (ii) 0	(i) 22,313 (ii) 0	(i) 311,802 (ii) 0	(i) 0 (ii) 0
MICHAEL PATTERSON	(i) 186,335 (ii) 0	(i) 7,193 (ii) 0	(i) 52,621 (ii) 0	(i) 17,476 (ii) 0	(i) 12,077 (ii) 0	(i) 275,702 (ii) 0	(i) 0 (ii) 0
LORRAINE RODRIGUES FISHER	(i) 130,306 (ii) 0	(i) 0 (ii) 0	(i) 27,046 (ii) 0	(i) 0 (ii) 0	(i) 13,951 (ii) 0	(i) 171,303 (ii) 0	(i) 0 (ii) 0
MORRIS SELIGMAN	(i) 315,606 (ii) 0	(i) 37,442 (ii) 0	(i) 30,049 (ii) 0	(i) 32,397 (ii) 0	(i) 23,505 (ii) 0	(i) 438,999 (ii) 0	(i) 0 (ii) 0
JEFFREY STOLZE	(i) 193,999 (ii) 0	(i) 22,859 (ii) 0	(i) 17,378 (ii) 0	(i) 60,090 (ii) 0	(i) 24,010 (ii) 0	(i) 318,336 (ii) 0	(i) 0 (ii) 0
FELIPE ENRIQUEZ	(i) 333,264 (ii) 0	(i) 0 (ii) 0	(i) 82,706 (ii) 0	(i) 19,810 (ii) 0	(i) 6,430 (ii) 0	(i) 442,210 (ii) 0	(i) 0 (ii) 0
CHARLES LEMON	(i) 382,270 (ii) 0	(i) 0 (ii) 0	(i) 27,790 (ii) 0	(i) 19,511 (ii) 0	(i) 20,459 (ii) 0	(i) 450,030 (ii) 0	(i) 0 (ii) 0
WILLIAM OLSON	(i) 429,501 (ii) 0	(i) 0 (ii) 0	(i) 134,579 (ii) 0	(i) 12,297 (ii) 0	(i) 18,829 (ii) 0	(i) 595,206 (ii) 0	(i) 0 (ii) 0
CHAD VANDERLINDEN	(i) 388,782 (ii) 0	(i) 0 (ii) 0	(i) 43,295 (ii) 0	(i) 19,511 (ii) 0	(i) 19,289 (ii) 0	(i) 470,877 (ii) 0	(i) 0 (ii) 0
PAUL WANG	(i) 354,307 (ii) 0	(i) 0 (ii) 0	(i) 36,184 (ii) 0	(i) 19,511 (ii) 0	(i) 18,740 (ii) 0	(i) 428,742 (ii) 0	(i) 0 (ii) 0
WILLIAM LEAVER	(i) 0 (ii) 746,003	(i) 0 (ii) 468,750	(i) 0 (ii) 62,507	(i) 0 (ii) 326,595	(i) 0 (ii) 33,516	(i) 0 (ii) 1,637,371	(i) 0 (ii) 0

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity
ALLEN COLLEGE 1825 LOGAN AVENUE WATERLOO, IA50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS INC
ALLEN HEALTH SYSTEMS INC 1825 LOGAN AVENUE WATERLOO, IA50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO, IA50703 42-0698265	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	ALLEN HEALTH SYSTEMS INC
ANAMOSA AREA AMBULANCE SERVICE 101 GRANT WOOD DRIVE ANAMOSA, IA52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'SJONES REGIONAL MEDICAL CENTER
CENTRAL IOWA HEALTH PROPERTIES CORPORATION 1200 PLEASANT STREET DES MOINES, IA50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM
CENTRAL IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA50309 42-0680452	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	CENTRAL IOWA HEALTH SYSTEM
FINLEY HEALTH FOUNDATION INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-1286953	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	THE FINLEY HOSPITAL AND THE DUBUQUE VISITING NURSE ASSOCIATION
FINLEY TRI-STATES HEALTH GROUP INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-1307495	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
HNC SERVICES 1200 PLEASANT STREET DES MOINES, IA50309 27-0987243	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
INTRUST 11333 AURORA AVENUE URBANDALE, IA50322 42-1477471	HOME HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
IOWA HEALTH FOUNDATION 1440 INGERSOLL AVENUE DES MOINES, IA50309 42-1467682	CHARITABLE FUNDRAISING	IA	501(C)(3)	509(A)(3), TYPE III	CENTRAL IOWA HEALTH SYSTEM
IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA50309 42-1435199	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	
IOWA LUTHERAN HOSPITAL AUXILIARY 1440 INGERSOLL AVENUE DES MOINES, IA50309 42-6059539	SUPPORT IOWA LUTHERAN HOSPITAL MISSION TO IMPROVE HEALTHCARE	IA	501(C)(3)	509(A)(3), TYPE III	
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD COURT JOHNSTON, IA50131 42-1411630	PRIMARY HEALTH CARE SERVICES	IA	501(C)(3)	170(b)(1) (A)(iii)	IOWA HEALTH SYSTEM
JONES REGIONAL MEDICAL CENTER FOUNDATION 104 BROADWAY PLACE ANAMOSA, IA52205 42-1429225	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	ST LUKE'SJONES REGIONAL MEDICAL CENTER
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA50703 42-1201138	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	ALLEN HEALTH SYSTEMS INC
NELLIE R SHERWOOD TRUST 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C)(3)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED 720 KENYON DRIVE FORT DODGE, IA50501 42-0937390	MENTAL HEALTH CARE	IA	501(C)(3)	170(b)(1) (A)(iii)	TRINITY HEALTH SYSTEMS INC
NORTHWEST IOWA HOSPITAL CORPORATION 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1019872	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	IOWA HEALTH SYSTEM
NORTHWOODS LIVING INC 802 KENYON ROAD FORT DODGE, IA50501 42-1307776	SERVE INDIVIDUALS WITH DISABILITIES AND/OR CHALLENGES	IA	501(C)(3)	170(b)(1) (A)(vi)	TRINITY HEALTH SYSTEMS INC
ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA52402 42-1106819	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	ST LUKE'S METHODIST HOSPITAL (50 BENEFICIAL INTEREST)
ST LUKE'S HEALTH FOUNDATION OF SIOUX CITY IOWA 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1301885	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	NORTHWEST IOWA HOSPITAL CORPORATION (50 BENEFICIAL INTEREST)
ST LUKE'S HEALTH RESOURCES 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1059182	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTH SYSTEM INC
ST LUKE'S HEALTH SYSTEM INC 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1294091	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM
ST LUKE'S HEALTHCARE 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-1487968	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ST LUKE'S METHODIST HOSPITAL 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-0504780	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	ST LUKE'S HEALTHCARE
ST LUKE'SJONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST ANAMOSA, IA52205 42-1487967	HOSPITAL	IA	501(C)(3)	0	ST LUKE'S HEALTHCARE
STL CARE COMPANY 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTHCARE
THE DUBUQUE VISITING NURSE ASSOCIATION 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP INC

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THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	FINLEY TRI-STATES HEALTH GROUP INC
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 2701 17TH STREET ROCK ISLAND, IL 61201 36-3678909	MENTAL HEALTH CARE	IL	501(C)(3)	170(b)(1) (A)(vi)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY BUILDING CORPORATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1376187	PROPERTY HOLDING COMPANY	IA	501(C)(2)		TRINITY HEALTH SYSTEMS INC
TRINITY HEALTH FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1222381	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	TRINITY HEALTH SYSTEMS INC
TRINITY HEALTH FOUNDATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3321751	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(b)(1) (A)(vi)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY HEALTH SYSTEMS INC 802 KENYON ROAD FORT DODGE, IA 50501 42-1222877	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND, IL 61201 36-2739299	HOSPITAL	IL	501(C)(3)	170(b)(1) (A)(iii)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY REGIONAL HEALTH SYSTEM 2701 17TH STREET ROCK ISLAND, IL 61201 36-3351952	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY REGIONAL HOSPITAL AUXILIARY 802 KENYON ROAD FORT DODGE, IA 50501 42-6081474	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER
TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD FORT DODGE, IA 50501 42-1009175	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	TRINITY HEALTH SYSTEMS INC
TRINITY VISITING NURSE & HOMECARE ASSOCIATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3052939	HOME HEALTH CARE	IL	501(C)(3)	509(A)(2)	TRINITY REGIONAL HEALTH SYSTEM
UNITY HEALTHCARE 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	TRINITY REGIONAL HEALTH SYSTEM
UNITY HEALTHCARE FOUNDATION 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-1525031	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE I	TRINITY REGIONAL HEALTH SYSTEM

