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DLN: 93493319005442

Form **990**

Department of the Treasury

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)

2011

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

ntemal F	Revenue S	Service P The organization may have to use a copy of	tins return to satisfy s	reace reporting	requirements	Inspection	
A For	rthe 2	011 calendar year, or tax year beginning 01-01-2011	and ending 12-31-201	1	D Emmlarian ! -	ontification number	
		plicable C Name of organization TRINITY MEDICAL CENTER			ם Employer id	entification number	
Add	ress cha			_	36-273929		
_ Nam	ne chan	ge			E Telephone n	umber	
— Initia	al returi	Number and street (or P O box if mail is not delivered t	to street address) Room/si	ute	(309)779-		
– Terr	mınated	2701 17TH ST	io street dadress) Room, se		G Gross receipts	s \$ 410,573,249	
_	ended re						
_		ROCK ISLAND, IL 61201					
App	lication	pending					
		F Name and address of principal officer RICHARD SEIDLER			a group retur		
		2701 17TH ST		affiliat	es?	⊤Yes 🔽 No	
		ROCKISLAND, IL 61201		H(b) Are all	affiliates includ	ded?	
				If"No	," attach a lıst	t (see instructions)	
Tax	k-exem	pt status 🔽 501(c)(3)	47(a)(1) or	H(c) Group	exemption nu	umber ►	
l W€	ebsite:	:► WWW TRINITYQC COM					
.	6	anization Corporation Trust Association Other		Vanua 6 6 a m	1060	M Ctata of land downed Ti	
	n or orga rt I			L Year of for	nation 1969	M State of legal domicile IL	
Par		Summary					
		riefly describe the organization's mission or most signifi MPROVE THE HEALTH OF THE PEOPLE AND COMMU					
ابر	<u> </u>	MPROVE THE HEALTH OF THE PEOPLE AND COMMO	DNITTES WE SERVE				
ŧΙ							
Ē	_						
sovemance	2 C	heck this box দ if the organization discontinued its op	perations or disposed	of more than 25	5% of its net a	issets	
	3 N	lumber of voting members of the governing body (Part V	I, line 1a)		3	19	
Activities &	4 N	lumber of independent voting members of the governing	body (Part VI, line 1b)	4	12	
≝	5 T	otal number of individuals employed in calendar year 20	011 (Part V, line 2a)		5	3,162	
∄	6 T	otal number of volunteers (estimate if necessary)			6	490	
₹	7 a ⊤	otal unrelated business revenue from Part VIII, column	n (C), line 12		7a	98,398	
	ЬΝ	let unrelated business taxable income from Form 990-T	, line 34		7b	1,959	
				Prior	Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)			4,557,383	3,124,407	
횰	9		gram service revenue (Part VIII, line 2g)				
Revenue	10		estment income (Part VIII, column (A), lines 3, 4, and 7d)				
윤	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			9,729,087 2,704,090	6,208,675 3,293,825	
	12	Total revenue—add lines 8 through 11 (must equal Par		е 📗	, ,	· ·	
		12)		3	44,758,532	339,124,191	
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1-3)		2,856,454	2,361,256	
	14	Benefits paid to or for members (Part IX, column (A), \ln	ne 4)		0	0	
<u>.</u> ا	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines		156 553 003		
8 8		5-10)		1	36,467,919	156,553,893	
Ехрепзез	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0	0	
哥!	b	Total fundraising expenses (Part IX, column (D), line 25) 🕒					
_	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	1	87,923,285	168,463,077	
	18	Total expenses Add lines 13-17 (must equal Part IX,	, column (A), line 25)	3	27,247,658	327,378,226	
	19	Revenue less expenses Subtract line 18 from line 12			17,510,874	11,745,965	
8 g [of Current	End of Year	
9 mg					ear		
net Assets of Fund Bafances	20	Total assets (Part X, line 16)			46,938,374	364,192,128	
<u> </u>	21	Total liabilities (Part X, line 26)			77,254,174	188,506,032	
	22	Net assets or fund balances Subtract line 21 from line	20	1	69,684,200	175,686,096	
	t II	Signature Block					
	edge a	cies of perjury, I declare that I have examined this return, inc nd belief, it is true, correct, and complete. Declaration of pro					
		*****			12-10-24		
Sign		Signature of officer		Dat	te		
lere	•	GREG PAGLIUZZA JR VP FINANCE/CFO					
		Type or print name and title					
		Preparer's L		Check If		ayer identification number	
Paid		signature		self- employed 🕨 🦵	(see instructions	s)	
Prepa	rer's	Firm's name (or yours					
Jse C		ıf self-employed),			EIN 🕨		
	-	address, and ZIP + 4					

May the IRS discuss this return with the preparer shown above? (see instructions) .

┌Yes ┌No

Par	t III	Statement of Program S Check if Schedule O contains a				দ
1	Brief	ly describe the organization's mi	ssion			
THE	MISSI	ON OF TRINITY MEDICAL CEN	ITER IS TO IMPRO	VE THE HEALTH OF T	HE PEOPLE AND COMMUNIT	IES WE SERVE
2	the p	ne organization undertake any sigrior Form 990 or 990-EZ?				Yes ☑ No
3	Dıd tl	ne organization cease conducting ces?		t changes in how it cor		Yes ✓ No
	If "Y∈	es," describe these changes on S	chedule O			
4	Desc expe	ribe the organization's program s nses Section 501(c)(3) and 501 s and allocations to others, the t	ervice accomplishm (c)(4) organizations	and section 4947(a)(1) trusts are required to report	measured by the amount of
4a	(Cod	e) (Expenses \$	257,451,104	ıncludıng grants of \$	1,979,196) (Revenue \$	329,523,224)
	ON E MEDI COM REGA BUT A NURS SERV CENT	TH-CARE SERVICESTRINITY MEDICAL CIVERY DAY IT IS COMMITTED TO PROVII CAL CENTER PROVIDES INPATIENT AND PLEXITIES IT PROVIDES SERVICES TO IN ARDLESS OF AN INDIVIDUAL'S RACE, CRIORA ARE NOT LIMITED TO GENERAL ACUTE COSING, MATERNAL/CHILD CARE, LABORAT CICES PROVIDED DO NOT GENERATE ENCIER ADMITTED 18,994 PATIENTS RESULTE 9,338 THERE WERE ALSO 77,732 EME	DING QUALITY HEALTH COUTPATIENT MEDICAL SAPROVE THE HEALTH OFEED, SEX, NATIONALITY, FARE, SURGERIES, INTENORY, PHARMACEUTICAL SUGH INCOME TO OFFSITING IN A TOTAL OF 80,4	ARE AND TO USING ITS RESERVICES TO TREAT INDIVIDED FOR THE PROPOSED TO BETTER HANDICAP, AGE OR ABILITY OF THE CARE AND CRITICAL CORUGS, EMERGENCY SERVET THEIR COST IN THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TO THE FISSE HAT PATIENT DAYS TOTAL OF THE TOTAL OF THE PROPERTY OF THE PROPERTY OF THE TOTAL OF THE PROPERTY OF THE PRO	SOURCES TO THE GREATEST COMMUNIDUALS WITH DISEASES, ILLNESS AND INTHEIR QUALITY OF LIFE ALL SERVICES (TO COMPENSATE FOR SERVICES RENCARE, CARDIOLOGY, ONCOLOGY, REHATICES, OUTPATIENT CLINICS, AND RADICAL PERIOD ENDED DECEMBER 31, 200 DUTPATIENT SURGERY REGISTRATIONS	TY BENEFIT TRINITY JURIES WITH VARYING SARE PROVIDED DERED THESE INCLUDE, BILITATION, SKILLED OLOGY SOME OF THE L1, TRINITY MEDICAL
4b	(Cod	e) (Expenses \$	25,854,200	ıncludıng grants of \$	382,060) (Revenue \$	1
70	COM OTHE SERV PROV TRIN PART WHIG \$20,4 NOT PROF CENT	MUNITY BENEFIT, INCLUDING CHARITY RE MEANS-TESTED PROGRAMS WITH TH ICES REGARDLESS OF THE PATIENT'S IN IDED TO PATIENTS ON A CASE-BY-CASE ITY MEDICAL CENTER RECEIVES PAYMEI ICIPATES IN MEDICAID AND OTHER GOVE THE RECEIVES PAYMENT BELOW ITS COVE 169,565 OTHER BENEFITS TRINITY MED LIMITED TO COMMUNITY HEALTH IMPROFESSIONAL'S EDUCATION, SUBSIDIZED HER COLLABORATES WITH OTHER HOSPI EXPAND ACCESS TO HEALTH CARE TRINIONS WERE SERVED THROUGH THESE PI	CARECHARITY CARE ANI E GOAL TO IMPROVE THI ISURANCE COVERAGE O BASIS CHARITY CARE NTS FROM PAYORS OR P /ERNMENT-SPONSORED DICAL CENTER PROVICES AND DICAL CENTER PROVICES AND EALTH SERVICES, RESE TALS, CHURCHES, SCHO NITY MEDICAL CENTER P	D MEANS-TESTED PROGRAM E COMMUNITY'S OVERALL H R FINANCIAL STATUS CHAR WAS MADE AVAILABLE TO 19 PATIENTS THAT ARE LESS TH HEALTH-CARE PROGRAMS 2011 TOTAL CHARITY CAR S SEVERAL OTHER BENEFIT OPEI ARCH, AND CASH AND IN-K HOLS, CHAMBERS OF COMMI	IS TRINITY MEDICAL CENTER PROVIDING THE STATE OF THE STAT	CLUDES HEALTH-CARE ICIAL ASSISTANCE IS 21 IN 2011 OFTENTIMES, TY MEDICAL CENTER FOR PROVIDING CARE FOR PORTED VALUE RAMS INCLUDE, BUT ARE EALTH SCREENINGS, HEALTH GROUPS TRINITY MEDICAL ROVE COMMUNITY HEALTH
_						,
4 c	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
4d		er program services (Describe in penses \$	n Schedule O) including grants of	f\$) (Revenue \$)
4e	Tota	l program service expenses▶\$	283.305.30	4		

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 (see instructions)? 🕏	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV.	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . $$. \cdot . $$.	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 290			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	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, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
-	year?	3a	Yes	
Ь	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 or securities account)?	4a		No
h				110
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See histractions for himly requirements for Form 1D 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		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
) D		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
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).	7-		NI a
а	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		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Dod blooms and a second and domatile as a description of the second and a second base of the second and the sec			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?	/"		
0	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.			
а	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			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand			
_	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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.

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax							
Id	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
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	Yes					
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 governing documents since the prior Form 990 was filed?	4		No				
5	5		Νo					
6	Did the organization have members or stockholders?	6	Yes					
7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	8b	Yes						
9	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							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	venue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
Ь	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
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," did the organization follow a written policy or procedure requiring the organization to evaluate its							
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes					
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed►IL , IA							

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 made these available.

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 OF FINANCE 2701 17TH ST

ROCK ISLAND, IL 61201

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	ox, oth)		Rep comp fro organi	(D) portable pensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiz		
See A	dditional Data Table						+ -					\dashv			
												\dashv			
												+			
												1			
												1			
												1			
												1			
-												+			
												+			
												+			
												1			
												\dashv			
1b	Sub-Total				•	٠.		F				\top			
С	Total from continuation sheets	to Part VII, Sec	tion A			•		•		7.504.770	2.450	-			
<u>d</u>	Total (add lines 1b and 1c) . Total number of individuals (incli						· ahove) wh	n receive	7,594,779	3,168,0)54		1,472,275	
2	\$100,000 of reportable compens						above) VV IIV	o receiv	ed more tha					
													Yes	No	
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch	•			-	ey e	employ	ee, d	or highes	st compens	ated employee				
4	For any individual listed on line 1					nens	sation	• and	other co	· · ·	· · ·	3	Yes		
-	organization and related organiza														
5	Did any person listed on line 1a	receive or accru	e comi	• pensa	• atıon	• ı froı	· · many	• unre	· · ·	• • • ganızatıon d	r individual for	4	Yes		
	services rendered to the organiz										•	5		No	
	ection B. Independent Con	tractors													
1	Complete this table for your five	hıghest comper													
	\$100,000 of compensation from or within the organization's tax y		n Repo	ort co	mpe	nsa	tion fo	rthe	calenda	ir year endi	ng with				
	Nan	(A) ne and business ad	dress							Desci	(B) uption of services		Compe		
METROPOLITAN MEDICAL LAB 1814 E LOCUST ST LAB SERVICES							S		8	3,541,868					
DAVENPORT, IA 52803 MISSIPPI VALLEY REGIONAL															
DAVE	DX 3655 NPORT, IA 52808									BLOOD CENT	EK		· ·	2,167,416	
230 E	COMMUNICATIONS ESECOND ST NPORT, IA 52801									HEALTHCAR	MARKETING		1,402,824		
METR	O MRI CENTER LIMITED PART VALLEY VIEW DR									ADVANCED F	ADIOLOGY		:	1,223,451	
MOLI	NE, IL 61265 RSIFIED CLINICAL SERVICES														
PO BO	OX 636981 INNATI. OH 452636981									WOUND CAR	E SERVICES		:	1,158,690	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►68

Form 99		· ·						P a g e 9
Part	/1111	Statement of	or 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
## ## ## ##	1a	Federated cam	paigns 1a					
호호	b	Membership du	ies 1b					
s, g	c	Fundraising ev	ents 1c	24,890				
£ a	d	Related organiz	zations 1d	2,886,903				
έŒ	e	Government grant	s (contributions) 1e	48,519				
ior r	f	All other contribute	ons, gifts, grants, and 1f	164,095		j		
ë ₽	g		ibutions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ _	,595					
ပိုင်း	h	Total. Add line	s 1a-1f	· · · •	3,124,407			
<u> </u>				Business Code				
n e	2a	NET PATIENT REVI	ENUE	900099	317,588,206	317,588,206		
₽ev	ь	EDUCATION & RES	SEARCH	900099	2,783,073	2,783,073		
9	C	RENTAL REVENUE		531100	2,058,949	2,058,949		
<u>.</u>	d	MGMT & SUPPORT	SVCS	561000	1,402,472	1,309,202	93,270	
Program Service Revenue	e	MISCELLANEOUS F	REVENUE	900099	1,382,467	1,377,339	5,128	
∑ _73	f	All other progra	am service revenue		1,282,117	1,282,117		
š	g	Total. Add line:	s 2a-2f		326,497,284			
	3		ome (including dividen					
		and other sımıl	aramounts)	▶ [2,909,917			2,909,917
	4	Income from inves	stment of tax-exempt bond	proceeds				
	5	Royalties .		•				
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities 74,327,054	(II) Other 61,429				
	'	from sales of assets other	7 1,327,031	01,123				
	l _	than inventory	74.045.422	44 202				
	b	Less cost or other basis and	71,045,432	44,293				
	_ ر	sales expenses Gain or (loss)	3,281,622	17,136				
	d	Net gain or (los			3,298,758			3,298,758
	8a		rom fundraising					
ne		events (not inc	luding ,890					
듄		of contributions	s reported on line 1c)					
Б		See Part IV, lır	ne 18					
<u>a</u>	Ь	Loca direct ev	a penses b	14,137				
Other Revenue	c		penses b (loss) from fundraising	17,935 events ►	-3,798			-3,798
_	9a		rom gaming activities	ı İ				
		See Part IV, lır	ne 19					
			a					
	b с		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	inventory, less					
	.		a	613,081				
	b с		oods sold b (loss) from sales of inv	341,398	271,683			271,683
	۴	Miscellaneou		Business Code	271,003			2,1,003
	11a	CAFETERIA/F		722210	1,576,450	1,576,450		
	Ь		OUS REVENUE	900099	1,449,490	1,449,490		
	c							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d		3,025,940			
	12	Total revenue.	See Instructions .	•	339,124,191	329,424,826	98,398	6,476,560

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) Check if Schedule O contains a response to any question in this Part IX

7b, 8b, 1 (1) 2 (1) 3 (2) 4 E 5 (4)	include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	(A) Total expenses 2,361,256 4,134,526	(B) Program service expenses 2,361,256	(C) Management and general expenses	(D) Fundraising expenses
2 (1) 3 (2) 4 E 5 (4)	Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		2,361,256		
3 (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
4 E 5 (organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,134,526			
5 (Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,134,526			
k	key employees	4,134,526			
	(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			4,134,526	
(156,956		156,956	
	Other salaries and wages	120,766,548	110,666,428	10,100,120	
8 F	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,391,271	4,940,380	450,891	
	Other employee benefits	18,663,535	17,102,640	1,560,895	
	Payroll taxes	7,441,057	6,818,736	622,321	
	Fees for services (non-employees)	7,111,037	0,010,730	022,321	
	Management	3,815,149	1,287,728	2,527,421	
	-		1,207,720		
	Legal	1,750		1,750	
	Accounting	25.000		25.000	
	Lobbying	25,000		25,000	
	Professional fundraising See Part IV, line 17	502.406	1.660	500.047	
	Investment management fees	592,486	1,669	590,817	
	Other	30,863,303	27,646,470	3,216,833	
	Advertising and promotion	103,930	47,494	56,436	
	Office expenses	10,816,088	10,064,974	751,114	
	Information technology	13,831,930	11,727,730	2,104,200	
	Royalties			111 005	
	Occupancy	6,294,834	6,150,008	144,826	
	Travel	362,423	303,465	58,958	
S	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	536,005	302,085	233,920	
	Interest	6,968,664		6,968,664	
	Payments to affiliates				
	Depreciation, depletion, and amortization	14,845,508	5,331,365	9,514,143	
	Insurance	286,202	-570,650	856,852	
r	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
	MEDICAL SUPPLIES	67,647,679	67,589,943	57,736	
b N	MISCELLANEOUS EXPENSE	11,455,152	11,533,583	-78,431	
c I	INCOME TAXES	16,974		16,974	
d					
e					
f A	All other expenses				
25 1	Total functional expenses. Add lines 1 through 24f	327,378,226	283,305,304	44,072,922	0
9	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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 13,582,026 Cash—non-interest-bearing 15,304 1 1 34,436,245 2 42,454,498 2 Savings and temporary cash investments 3 3 38.016.303 4 43.576.214 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 6 12,666,600 7 13,294,650 8.306.448 8 7.654.536 9 1.248.670 1,386,933 Prepaid expenses and deferred charges 10a 306,022,909 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 176,203,884 b Less accumulated depreciation 132,402,000 10c 129,819,025 109,467,727 11 102,081,001 11 12 12 Investments—other securities See Part IV, line 11 13 8,798,316 13 8,821,284 Investments—program-related See Part IV, line 11 . . 14 1,580,761 14 1,521,961 15 15 346,938,374 364, 192, 128 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 25, 153, 133 17 29,382,527 17 Accounts payable and accrued expenses . 18 18 19 385,567 19 -96,455 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 7,139,000 24 7,285,611 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 144,576,474 25 151,934,349 D 26 177,254,174 26 188,506,032 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 166,128,273 **27** 172,005,553 Unrestricted net assets 2,229,989 28 2,324,364 28 Temporarily restricted net assets Fund 29 1,325,938 29 1,356,179 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 169.684.200 33 175.686.096 34 Total liabilities and net assets/fund balances 346.938.374 34 364, 192, 128

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		339 1	. 24,191
2	Total expenses (must equal Part IX, column (A), line 25)	2			378,226
3	Revenue less expenses Subtract line 2 from line 1	3	11,745,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169,684,20		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-5,7	44,069
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		175,6	86,096
Par	Tt XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			T	No
1	Accounting method used to prepare the Form 990			res	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				1
За	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?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMP No. 1545 004

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

It Attach to Form 000 or Form 000-E7 It See constate instructions

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

TRINITY MEDICAL CENTER 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) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Software ID: Software Version:

EIN: 36-2739299

Name: TRINITY MEDICAL CENTER

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and		nt Co			rs					
(A) Name and Title	(B) Average hours per		that					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
STEPHANIE ACRI TRUSTEE - CHAIR	1 00	x		х				0	0	0
KIM ARMSTRONG TRUSTEE	1 00	х						0	0	0
DUNCAN CAMERON TRUSTEE	1 00	х						0	0	0
DR RAJENDRA DAHAL TRUSTEE	1 00	Х						0	0	0
JAMES HASS TRUSTEE	1 00	Х						0	0	0
KEN KOUPAL TRUSTEE	1 00	х						0	0	0
DR FARAZ MANAZIR TRUSTEE	1 00	х						0	0	0
KENNY MASSEY TRUSTEE	1 00	х						0	0	0
PETER MCLAUGHLIN TRUSTEE	1 00	Х						0	14,855	0
LINDA NEWBORN TRUSTEE	1 00	Х						0	14,437	0
DR AHMED OKBA TRUSTEE	1 00	Х						0	0	0
DR WILLIAM OLSON FR 911 TRUSTEE	40 00	х						711,517	0	39,391
DR ALEX PAREIGIS TRUSTEE	1 00	Х						0	0	0
KATHY PULLEY TRUSTEE	1 00	х						0	0	0
MARK SCHWIEBERT TRUSTEE	1 00	Х						0	0	0
RICK SEIDLER TRUSTEE/PRESIDENT/CEO	40 00	Х		х				727,601	0	95,987
KARLA STEELE TRUSTEE - VICE CHAIR	1 00	Х		Х				0	0	0
HEIDI STORL TRUSTEE	1 00	Х						0	0	0
KAI SWANSON TO 211 TRUSTEE	1 00	Х						0	0	0
DR MATTHEW WILBER TRUSTEE	1 00	Х						0	0	0
TAMARA BYRAM CORP VP	40 00			х				187,286	0	33,053
DAVID DEOPERE PRESIDENT RYC	1 00			Х				291,100	0	31,908
MYKL GARRETT TO 1111 EXEC VP/COO	40 00			Х				304,989	0	33,387
DR PAUL MCLOONE VPMA/CHIEF MED DIR	40 00			Х				96,671	165,459	33,408
GREG PAGLIUZZA JR VP FINANCE/CFO	40 00			х				343,298	0	58,672

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(tion that a			II		(D) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JAY WILLSHER FR 1111 INTERIM VP OPERATIONS/CHIEF ADMIN	40 00			х				279,425	0	89,547
DR PAUL BOLGER MED DIR ED	40 00				x			514,762	0	44,913
KATHLEEN CUNNINGHAM TO 511 VP QUALITY	40 00				х			141,715	134,211	27,745
JON HONSEY TO 611 VP STRATEGIC DEVELOP & PHY	40 00				х			178,585	0	23,608
RICHARD MURPHY VP FINANCE/CFO RYC	40 00				х			150,217	0	32,873
BOBETTE PATTERSON DIR OPERATIONS/INTERIM DIR CARDIO	40 00				х			155,846	0	27,012
MICHAEL PATTERSON VP OPERATIONS - PATIENT CA	40 00				х			355,244	0	39,353
KATHERINE PEARSON VP MARKETING & BUS DEVELOP	40 00				х			215,096	0	34,827
JEFFREY STOLZE CORP VP	40 00				х			274,609	0	86,854
DR RANDALL BAY PHYSICIAN-ER/TRAUMA	40 00					Х		466,570	0	42,222
DR GREGORY BOHN PHYSICIAN SURG PARTNER CL	40 00					Х		596,387	0	39,052
DR MARK BUETTNER PHYSICIAN-ER/TRAUMA	40 00					Х		540,627	0	45,617
DR KEVIN KURTH PHYSICIAN-ER/TRAUMA	40 00					Х		474,960	66,875	38,436
DR CHAD VANDERLINDEN PHYSICIAN-ER/TRAUMA	40 00					Х		464,371	0	40,111
ANDREA COLEMAN TO 1109 FORMER PRESIDENT/CEO	0 00						х	123,903	0	8,049
WILLIAM LEAVER TO 1207 FORMER PRESIDENT/CEO	0 00						х	0	1,341,336	307,059
TOM TIBBITTS TO 610 FORMER INTERIM PRESIDENT/CEO	0 0 0						Х	0	758,496	24,275
KEVIN VERMEER TO 509 FORMER VP FINANCE/CFO	0 0 0						Х	0	672,385	194,916

DLN: 93493319005442

OMB No 1545-0047

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.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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

	ction 327 organizations Complete	•	Form 000 F7 Po	r+ \/ line 47 /	Lobbyina	A atis	vitios) the	n
	_	s," to Form 990, Part IV, Line 4, or I t have filed Form 5768 (election under s					•	п
	` ` ` ` ` ` `	t have NOT filed Form 5768 (election under s	` ' '	•				t IL-A
	` ', ' '	s," to Form 990, Part IV, Line 5 (Pro	,	,,			•	/ .
	ction 501(c)(4), (5), or (6) organi	· · · · · · · · · · · · · · · · · · ·	, ,	,	•	•	•	
	me of the organization			Em	ployerıde	ntıfıca	atıon numbe	er
TRI	NITY MEDICAL CENTER			36	-2739299	2		
ar	t I-A Complete if the or	ganization is exempt under s	ection 501(c				ganizatio	
	<u> </u>	<u> </u>	•					
1	in opposition to candidates for	ganızatıon's dırect and ındırect politic public office in Part IV	ai campaign activ	rities on benaii	roror			
2	Political expenditures				Þ	\$_		
3	Volunteer hours							
		<u>ganization is exempt under s</u>)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		•	\$ <u>_</u>		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	>	\$ <u>_</u>		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	o for this year?				☐ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt under s	section 501(c) except se	ction 50)1(c)	(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activ	ities 🕨	\$ _		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	ier organizations 1	for section 527	7			
	exempt funtion activities				F	\$ <u>_</u>		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17t	b -	\$_		
4	Did the filing organization file F	Form 1120-POL for this year?					☐ Yes	┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid from rectly delivered to	n the filing orga o a separate po	anızatıon's olitical org	funds Janiza	s Alsoente tion, such a	er the
	(a) Name	(b) Address	(c) EIN	(d) A mount	paıd from	(e	A mount o	•

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 Expense \$1,000,000 In the excess over \$1,500,000 Over \$1,000,000 In the excess	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
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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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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)).

	(election united coolen coll(ii)).	(6	1)	(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			
а	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	
е	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		25,00
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			25,00
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		ľ	
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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	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 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF 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

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DLN: 93493319005442

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Interna	l Revenue Service		Inspection					
	me of the organi		Employer ident i	Employer identification number				
IKI	UNITE MEDICAL CENT	ILK		36-2739299				
Pa			lvised Funds or Other Similar I	Funds or Accou	nts. Complete if the			
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) Eunda a	nd other accounts			
1	Total number a	at end of year	(a) Donor advised lunds	(b) Funds an	nd other accounts			
2		tributions to (during year)						
3		nts from (during year)						
4	Aggregate valu	ue at end of year						
5		zation inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in do organization's exclusive legal control?	onor advised	┌ Yes ┌ No			
6	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for		┌ Yes ┌ No			
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Par	t IV, line 7.			
2	Preservation Protection Preservation Complete lines	conservation easements held by the or ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure) Preservation of a	an historically impor a certified historic st m of a conservation	· · · · · · · · · · · · · · · · · · ·			
				Held at	the End of the Year			
а	Total number o	of conservation easements		2a				
b	Total acreage	restricted by conservation easements		2b				
C	Number of con	servation easements on a certified his	toric structure included in (a)	2c				
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d				
3		servation easements modified, transfe ar ►	rred, released, extinguished, or termina	ted by the organizat	ion during			
4	Number of stat	tes where property subject to conserva	ition easement is located ►					
5		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of violations,	and Yes No			
6	Staff and volun	nteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments during the ye	ar ▶			
7	A mount of exp ► \$		ng, and enforcing conservation easemen	its during the year				
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	┌ Yes ┌ No			
9	balance sheet,		onservation easements in its revenue ar he footnote to the organization's financi nents					
Par	t IIII Organ		ns of Art, Historical Treasures	, or Other Simila	ar Assets.			
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resea ancial statements that describes these	irch in furtherance o				
b	historical treas		116, to report in its revenue statement public exhibition, education, or research					
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X ▶\$							
2	If the organiza	•	orical treasures, or other similar assets S 116 relating to these items	· 				
а	Revenues incli	uded in Form 990. Part VIII. line 1		▶ \$				

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	illections of Art	t, His	toric	al Tre	asures, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he follo	wing th	at are a significa	nt u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exchange progr	ams			
Ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and evola	un hov	w they	further	the organization	'c =v	emnt nurnose in		
7	Part XIV					_				
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Compl	ete ıf	the o	rganız	ation answered				1 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ving tal	ble	_				
						_		Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?)				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	swere	d "Yes'					
		(a)Current Year	(b	Prior Y		(c)Two Years Back	_)Three Years Back	(e)Four \	ears Back
1a	Beginning of year balance	111,608,387		-	763,528	73,344,83	+	98,982,185		
b	Contributions	342,481			368,566	6,436,32	+	582,339		
C	Investment earnings or losses	-7,619,436			589,944	19,425,56	+-	-26,903,952		
d	Grants or scholarships	610,604		1,	113,651	443,19	5	446,486		
е	Other expenditures for facilities and programs							-1,130,747		
f	Administrative expenses									
g	End of year balance	103,720,828		111,6	508,387	98,763,52	8	73,344,833		
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment	96 530 %								
ь	Permanent endowment 1 310 %									
c	Term endowment ► 2 160 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that ar	re held a	and administered	lfor	the		
	organization by	3							Yes	No
	(i) unrelated organizations							3a(i)	_	No
	(ii) related organizations							<u> </u> 3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organization	•					٠	3b	Yes	<u> </u>
4	Describe in Part XIV the intended uses of the									
Pali	t VI Land, Buildings, and Equipme	ent. See Form 99	70, Pa				Т	T		
	Description of property				ost or oth (investme			(c) Accumulated depreciation	(d) Bo	ok value
1 a	_and					6,322,	281			6,322,281
b E	Buildings					199,986,	646	107,449,566	9	2,537,080
c l	_easehold improvements									
d i	Equipment					90,600,	952	64,117,570	2	6,483,382
e (Other					9,113,	030	4,636,748		4,476,282
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> e	orm 990, Part X, colui	mn (B), line i	10(c).)					9,819,025
	· · · · · ·	·			-			Schedule D (

Part VII Investments—Other Securities. Se (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		000101011111	, your manner value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	``		
DUE TO AFFILIATES	454,328		
ASBESTOS REMOVAL LIABILITY	1,093,219		
MISCELLANEOUS LIABILITY	165,409		
SELF-INSURANCE RESERVE	12,705,892		
LONG-TERM RETENTION INCENTIVES	1,573,049		
HEALTH AND WELFARE BENEFITS RESERVE	1,614,506		
IOWA HEALTH SYSTEM NOTE PAYABLE	134,327,946		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 151,934,349		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	339,124,191
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	327,378,226
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,745,965
4	Net unrealized gains (losses) on investments	4	-5,648,543
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-95,526
9	Total adjustments (net) Add lines 4 - 8	9	-5,744,069
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,001,896
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		1 1
1	Total revenue, gains, and other support per audited financial statements	1	349,068,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	11,734,463
3	Subtract line 2e from line 1	3	337,333,537
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 397,694		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,790,654
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	339,124,191
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	338,339,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	17,388,495
3	Subtract line 2e from line 1	3	320,950,505
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 397,694		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	6,427,721
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	327,378,226

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

additional information	T	
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IO WA HEALTH SYSTEM AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE) TAX-EXEMPT ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO SECTION 501(A) OF THE CODE THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE THE HEALTH SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U S FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2008 THE HEALTH SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME DURING THE CARRYFORWARD PERIOD NO INCOME TAX BENEFIT HAS BEEN RECOGNIZED FOR THE NET OPERATING LOSS CARRYFORWARDS OR OTHER POTENTIAL DEFERRED TAX ASSETS IN THE CONSOLIDATED FINANCIAL STATEMENTS BECAUSE THE HEALTH SYSTEM BELIEVES REALIZATION OF THESE BENEFITS IS UNLIKELY
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN TRINITY HEALTH FOUNDATION 149,564 CHANGES IN PENSION LIABILITY - 245,090 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 95,526
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 17,935 SUBSIDIARY ELIMINATING ENTRIES (PRECEDENCE) 506,534 SUBSIDIARY ELIMINATING ENTRIES (RYC) 16,517,139 COST OF GOODS SOLD 341,398
PART XII, LINE 4B - OTHER ADJUSTMENTS		REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE 178 IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE REBATES 1,301,907 ROUNDING 365 ELIMINATING ENTRIES 90,510
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SUBSIDIARY ELIMINATING ENTRIES (PRECEDENCE) 512,023 SPECIAL EVENT EXPENSES 17,935 SUBSIDIARY ELIMINATING ENTRIES (RYC) 16,517,139 COST OF GOODS SOLD 341,398
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES IN UNRESTRICTED FUND BALANCE 4,632,017 IOWA HEALTH SYSTEM CONTRACTING SERVICES, LC PURCHASE REBATES 1,301,907 ROUNDING 103 ELIMINATING ENTRIES 96,000

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

Т

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493319005442

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

2011

Open to Public Inspection

	ne of the organization NITY MEDICAL CENTER		Employer identification number					
							36-2739299	
Pa	rt I Fundraising Act	tivities. Complet	e if the o	organiza	tion answered "Yes"	to Form	990, Part IV	, line 17.
L	Indicate whether the organ	nızatıon raısed funds	through	any of the	following activities Ch	eck all th	at apply	
а	Mail solicitations			e	Solicitation of no	n-governr	ment grants	
b	Internet and e-mail so	vernment	grants					
c	Phone solicitations			g	Special fundraisi	ng events		
d	☐ In-person solicitations	s						
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes	i Form 990, Part VII st paid individuals o) or entity r entities	/ in conne (fundraise	ection with professional ers) pursuant to agreem	fundraisir ents unde	ng services? er which the fui	
	to be compensated at leas	st \$5,000 by the org	anızatıon	Form 99	0-EZ filers are not requ	ired to co	mplete this tal	ble
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) DID fundraiser have custody or control of contributions? Yes No		from activity (o		ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
			res	No				
			+					
ota	al			▶				
3	List all states in which the licensing	organization is regi	stered or	licensed t	to solicit funds or has b	een notifie	ed it is exempt	from registration or

		more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	events with gross rece	eipts greater than \$5,	,000.				
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events				
			STYLE SHOW	GARDEN PARTY		(Add col (a) through col (c))				
di			(event type)	(event type)	(total number)					
e in the	1	Gross receipts	37,537	1,490		39,027				
Revenue	2	Less Charitable contributions	21,075	3,815		24,890				
	3	Gross income (line 1 minus line 2)	16,462	-2,325		14,137				
	4	Cash prizes								
မှာ	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
Š Š	7	Food and beverages								
Direct	8	Entertainment	16,520	1,415		17,935				
≧	9	Other direct expenses .								
	10 Direct expense summary Add lines 4 through 9 in column (d)									
	11	Net income summary Combine lin	nes 3 and 10 in column (d)	•	-3,798				
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	•				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through				
ф.						col (c))				
₩	1 (Gross revenue				col (c))				
		Gross revenue				col (c))				
	2 (col (c))				
Expenses	2 ⁽	Cash prizes				col (c))				
Expenses	2 (3) 4)	Cash prizes				col (c))				
Expenses	2 (3 f 4 f 5 (Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	Г Yes	Г Yes Г No	Г Yes	col (c))				
	2 (3) 4) 5 (6)	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	ΓNο	ΓNο	ΓNο	col (c))				
Expenses	2 (3 4 5 (6) 7 6	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No 2 through 5 in column (□ No						
Direct Expenses	2 (3 4 6 5 (6 7 1 8 1	Cash prizes	No 2 through 5 in column (bine lines 1 and 7 in colu	□ No d)	No					
Expenses	2 (3 4 4 5 (6 1 1 1 1 1 1 1 1 1	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines	No 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act gaming activities in each	mn (d)	Г No					
Direct Expenses	2 (3 4 4 5 (6 1 1 1 1 1 1 1 1 1	Cash prizes	No 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act gaming activities in each	mn (d)	□ No ▶	· Fyes FNo				

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3							
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No							
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity									
	formed to administer charitable gaming?											
13	Indicate the percentage of gamii	ag activity operated in		1 1								
a				13a								
b												
14		f the person who prepares the organiza		<u> </u>								
	Name ►											
	Address ►											
	revenue?	ntract with a third party from whom the			_ No							
	amount of gaming revenue retained by the third party 🟲 \$											
С	If "Yes," enter name and address											
	Name 🟲											
	Address ►											
16	Gaming manager information											
	Name 🟲											
	Gaming manager compensation I	\$ \$										
	Description of services provided	>										
17 a		Employee er state law to make charitable distribu		· · ·	- No							
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-							
_		activities during the tax year > \$		hadala C /								
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see								
	Identifier	ReturnReference	Explana	tion								
		•	•									

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization TRINITY MEDICAL CENTER

Employer identification number

26 2720200

Pa	Charity Care and	Certain O	ther Comr	nunity Benefits at		2/39299				
								Yes	No	
1a	Did the organization have a c	harity care po	olicy? If "No,	" skip to question 6a			1a	Yes		
b If "Yes," is it a written policy?										
2 If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals										
Applied uniformly to all hospitals Generally tailored to individual hospitals										
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year										
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care 3a Yes										
		▽ 20	о% Г	Other	%			100		
L			,,,							
b	Did the organization use FPG "Yes," indicate which of the fo						3b	Yes		
	Г _{200%} Г _{250%}	Г 30	о% Г	350%	0% Г Other_	%		100		
c	c If the organization did 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.									
4	Did the organization's policy	provide free o	r discounted	care to the "medically	ındıgent"?		4	Yes		
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?										
TE "Vee " did the even metron's chewity over expenses exceed the hydreted emount?										
С	35 100									
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a	Yes		
6b	If "Yes," did the organization	make ıt avaıl	able to the p	ublic?			6b	Yes		
	Complete the following table worksheets with the Schedule		ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these				
7	Charity Care and Certain O	ther Commu	nity 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 b expense	enefit	(f) Pero total ex		
а	Charity care at cost (from Worksheet 1)		19,977	7,190,321		7 19	0,321		200 %	
b	Medicaid (from Worksheet 3, column a)		29,285	27,562,888	14,238,644	·	4,244		070 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)		25,255	2.,,502,000	11,230,011	13,32	.,= 11			
d	Total Charity Care and Means-Tested Government Programs		49,262	34,753,209	14,238,644	20,51	4,565	6	270 %	
e	Other Benefits Community health improvement services and community					,				
	benefit operations (from (Worksheet 4)		103,096	1,629,944		1,62	9,944	0	500 %	
	Health professions education (from Worksheet 5)		1,062	823,490		82	3,490	0	250 %	
g	Subsidized health services (from Worksheet 6)		17,448	2,035,801		2,03	5,801	0	620 %	
h :	Research (from Worksheet 7)		378	476,397		47	6,397	0	150 %	
i	Cash and in-kind contributions for community benefit (from Worksheet 8)		22,392	838,542	419,539	41	9,003		130 %	
-	Total Other Benefits		144,376	5,804,174	419,539	· ·	4,635		650 %	
k	Total. Add lines 7d and 7j		193,638	40,557,383	14,658,183	25,89	9,200	7	920 %	

Pa	rt II Community Building	ng Activitie	s Complete	this table if the	organ	nization coi	nducted a	ny commun	ity b	uilding)
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total commur building expens		(d) Direct offsi revenue		a) Net community building expense		(f) Perce total ex	
1	Physical improvements and housing								_		
2	Economic development										
3	Community support		34,737	278	,987	278			987	0	090 %
4	Environmental improvements										
5											
6	for community members Coalition building				_				+		
7	Community health improvement										
	Workforce development								+		
	Other								+		
10	Total		34,737	278	,987			278,9	987	0	090 %
Pai	tatti Bad Debt, Medicar	e, & Collec	tion Practic	es							
1 2 3 4 Sect 5 6 7 8	Did the organization report ba Statement No 15? Enter the amount of the organ Enter the estimated amount of patients eligible under the organ Provide in Part VI the text of In addition, describe the cost rationale for including a portion of the Medicare Enter total revenue received for Enter Medicare allowable cost Subtract line 6 from line 5. The Describe in Part VI the extensional electron of the Check the box that describes to Check the box that describes to Cost accounting system the organization have a write the organization of the collection provisions on the collection provisi	ization's bad dif the organization's characteristics anization's characteristics of care relatives to which any sosting method the method us Collection points.	ebt expense ion's bad debt arity care polic the organization used in determination of the condition of the c	expense attributa y on's financial sta rmining the amou mmunity benefit and IME) s on line 5 ed in line 7 shou e used to determ uring the tax yea d to the largest n	tement: ints rep d be tro ne the	s that descriptorted on line . 5 . 6 . 7 eated as co amount reponer	ribes bad dies 2 and 3	8,696,324 22,861,000 ebt expense , and .09,849,345 .20,934,942 -11,085,597 enefit ne 6	9a	Yes	No No
	contain provisions on the coll- assistance? Describe in Part								9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instr	uctions	;)					
	(a) Name of entity	(E	o) Description of p activity of entit		profit	Organization's t % or stock rnership %	trus emplo	icers, directors, tees, or key yees' profit % ck ownership%	pro	e) Physic ofit % or ownership	stock
	QUAD CITY AMBULATORY SURGERY FER LLC	AMBULATORY SU	JRGERY CENTER			50 000 %				50 0	00 %
ORG	TRINITY PHYSICIAN HOSPITAL ANIZATION LTD	TO PEOPLE IN II	_ & IA	H MGMT SERVICES		49 900 %				40 3	70 %
	TRINITY BETTENDORF ORTHOPEDIC MANAGEMENT COMPANY LLC	ADMINISTRATIO	N OF ORTHOPEDI	C SERVICE LINES		50 000 %	0			50 0	00 %
4											
5											
6									f		
7									\vdash		
<u>.</u> 8											
<u>-</u>											
10											
11		1									
12		1									
13		1									

Part	V Facility Information									
Section	on A. Hospital Facilities	Licensed hospital	General medical &	Childre	Teachi	Ortica	Resear	ER-24 hours	ER-other	
(list in order of size from largest to smallest)				Children's hospital	Teaching hospital	access	Research facility	hours	Į čį	
How m	oital	al & surgical	ptal)tal	Ortical access hospital	ıty				
Name	and address									Other (Describe)
1	TRINITY MEDICAL CENTER - ROCK ISLAND 2701 17TH ST ROCK ISLAND,IL 61201	×	х					х		
2	TRINITY MEDICAL CENTER - MOLINE 500 JOHN DEERE RD MOLINE,IL 61265	x	х					х		
3	TRINITY MEDICAL CENTER - BETTENDORF 4500 UTICA RIDGE RD BETTENDORF,IA 52722	x	х					х		
-										
		+	_	_	-	-	-	-		
		+								
		+								

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

TRINITY MEDICAL CENTER - ROCK ISLAND

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
("Needs Assessment")? If "No," skip to question 8	1	Yes	
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a 🔽 A definition of the community served by the hospital facility			
b Pemographics of the community			
\mathbf{c} Existing health care facilities and resources within the community that are available to respond to the health			
needs of the community			
d How data was obtained			
e 🔽 The health needs of the community			
Frimary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
minority groups g The process for identifying and prioritizing community health needs and services to meet those needs			
h $\overline{\lor}$ The process for consulting with persons representing the community's interests			
i Information gaps that limit the hospital facility's ability to assess the community's health needs			
j Other (describe in Part VI)			
 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 11 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who 			
represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took in	。		
account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the		\ _{\ \ \ \ \}	
other hospital facilities in Part VI	5	Yes	
5 Did the hospital facility make its Needs Assessment widely available to the public?	3	1165	
a V Hospital facility's website			
b			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
(check all that apply)			
a $igcap$ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b Execution of the implementation strategy			
${f c}$ Development of a community-wide community benefit plan for the facility			
d Participation in community-wide community benefit plan			
e 🔽 Inclusion of a community benefit section in operational plans			
${f f}$ $igcap$ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g 🔽 Prioritization of health needs in the community			
h 🔽 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,	,		
explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	Yes	
Financial Assistance Policy	_		
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000</u> % If "No," explain in Part VI the criteria the hospital facility used			
	e H (Foi	m 990`	2011

Part	V Facility Information (continued)			
			Yes	No
10 Us	ed FPG to determine eligibility for providing discounted care?	10	Yes	
	Yes," indicate the FPG family income limit for eligibility for discounted care 400 0000000000000% \(\text{VI the criteria the hospital facility used}\)			
	plained the basis for calculating amounts charged to patients?	11	Yes	
	Yes," indicate the factors used in determining such amounts (check all that apply)			
	Income level			
	Asset level			
	▼ Medical indigency			
d	Insurance status			
-	Uninsured discount			
f	Medicaid/Medicare			
'	State regulation			
9 L	Other (describe in Part VI)			
12 Ev	plained the method for applying for financial assistance?	12	Vac	
	cluded measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	The policy was attached to all billing invoices			
	The policy was attached to an bining involces The policy was posted in the hospital facility's emergency rooms or waiting rooms			
C	The policy was posted in the hospital facility's admissions offices			
d	The policy was posted in the hospital facility's admissions offices The policy was provided, in writing, to patients upon admission to the hospital facility			
e	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was available upon request			
•				
g Billing	Other (describe in Part VI)			
	and Collections If the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	sistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
	eck all of the following collection actions against an individual that were permitted under the hospital facility's			
po FA	icies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	Reporting to credit agency			
ь	▼ Lawsuits			
С	Liens on residences			
d	Body attachments or arrests			
e	Other similar actions (describe in Part VI)			
	the hospital facility or an authorized third party perform any of the following actions during the tax year before			
ma	king reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	Yes," check all actions in which the hospital facility or a third party engaged			
	Reporting to credit agency			
	Lawsuits			
C	Liens on residences			
d	Body attachments			
e	Other similar actions (describe in Part VI)			
tha	dicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all apply)			
	Notified patients of the financial assistance policy upon admission			
	Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	▼ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e				

If "Yes," explain in Part VI

Part V Facility Information (continued)

Policy	Dolating	to Emergency	Modical Caro
PUILLY	Relatillu	to enleruency	medical care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	If "No," indicate why			
	a The hospital facility did not provide care for any emergency medical conditions			
	b The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Other (describe in Part VI)			
Inc	lividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- eligible individuals for emergency or other medically necessary care			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
	b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
	d 🔽 Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		No
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?			
		21	Yes	I

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

TRINITY MEDICAL CENTER - MOLINE

Name of Hospital Facility:		
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	2	

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	${f i}$ ${f \Gamma}$ Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
-	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000000000000% If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	u /Ear	aan'	2011

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used	ı		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c 🔽 Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
4-	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a 🔽 Reporting to credit agency			
	b 🔽 Lawsuits			
	c 🔽 Liens on residences			
	d F Body attachments or arrests			
	e 🔽 Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before		<u> </u>	
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Votified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d $\overline{\lor}$ Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e C Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued)

		_		
Policy Rel	lating to	Emergency	Medical C	are

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	The hospital facility did not provide care for any emergency medical conditions			
	b The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Cother (describe in Part VI)			
Inc	lividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum			
	 amounts that can be charged The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged 			
	d Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		No
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	21	V = =	
		21	Yes	

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

TRINITY MEDICAL CENTER - BETTENDORF

Name of Hospital Facility:		
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	3	

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	4		
5	other hospital facilities in Part VI	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
Ü	(check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h 「 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i C Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used	ı		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c 🔽 Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
4-	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a 🔽 Reporting to credit agency			
	b 🔽 Lawsuits			
	c 🔽 Liens on residences			
	d F Body attachments or arrests			
	e 🔽 Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before		<u> </u>	
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Votified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d $\overline{\lor}$ Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e C Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued)

		_		
Policy Rel	lating to	Emergency	Medical C	are

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	The hospital facility did not provide care for any emergency medical conditions			
	b The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Cother (describe in Part VI)			
Inc	lividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum			
	 amounts that can be charged The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged 			
	d Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		No
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	21	V = =	
		21	Yes	

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Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

Нον	ow many non-hospital facilities did the organization operate during the tax year?3		
— Nar	me and address	Type of Facility (Describe)	
1	TRINITY CENTER FOR WOUND CARE 4480 UTICA RIDGE ROAD SUITE 110 BETTENDORF,IA 52722	OUTPATIENT ONLY	
2	TRINITY OUTPATIENT REHABILITATION SERVIC 4480 UTICA RIDGE ROAD SUITE 102 BETTENDORF,IA 52722	OUTPATIENT ONLY	
3	QUAD CITY AMBULATORY SURGERY CENTER 520 VALLEY VIEW DRIVE SUITE 300 MOLINE,IL 61265	AMBULATORY SURGERY CENTER	
4	·		
5			
6			
7			
8			
9			
10			

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A TRINITY MEDICAL CENTER'S COMMUNITY BENEFIT REPORT IS CONTAINED WITHIN THE IOWA HEALTH SYSTEM CONSOLIDATED COMMUNITY BENEFIT REPORT WHICH IS POSTED ON ITS WEBSITE AT WWW IHS ORG IN ADDITION, THE HOSPITAL AND ITS REGIONAL AFFILIATES PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT THIS REPORT IS POSTED ON ITS WEBSITE AT WWW TRINITYQC COM

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Identifier	ReturnReference	Explanation
		PART I, LINE 7G THE NET COMMUNITY BENEFIT COST OF SUBSIDIZED HEALTH SERVICES OF \$2,035,801 IS ATTRIBUTED TO TRINITY AMBULANCE SERVICE

Identifier	ReturnReference	Explanation
Identifier		Explanation PART II 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
		COMMUNITY RESOURCE IN WAYS NOT TYPICALLY
		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 AND MAXIMIZE THE RESOURCES THEY HAVE TO WORK WITH TRINITY MEDICAL CENTER EMPLOYEES ARE ACTIVE IN
		EDUCATING PARTNERS ON A WIDE VARIETY OF HEALTH SUBJECTS THAT ADVANCE THEIR WORK FURTHER, TRINITY MEDICAL CENTER EMPLOYEES ARE MEMBERS OF MANY NON-PROFIT BOARDS TO PROVIDE LEADERSHIP OR COLLABORATE TO ADDRESS COMPLEX HEALTH ISSUES THESE TYPES OF ACTIVITIES SPEAK TO THE BREADTH AND CAPACITY THAT THE HOSPITAL HAS IN IMPACTING THE HEALTH STATUS OF THE COMMUNITY IN A COMPREHENSIVE AND INTENTIONAL APPROACH

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE HEALTH SYSTEM PROVIDES AN
		ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A
		REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL
		COLLECTION INFORMATION AND EXISTING ECONOMIC
		CONDITIONS AS A SERVICE TO THE PATIENT, THE HEALTH SYSTEM BILLS THIRD-PARTY PAYERS DIRECTLY
		AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY
		IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED
		DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND
		SPECIFIC CIRCUMSTANCES OF THE ACCOUNT THE
		AMOUNT REPORTED ON LINE 2 WAS CALCULATED USING
		IRS WORKSHEET 2 'RATIO OF PATIENT CARE COST TO
		CHARGES' TO CALCULATE THE COST TO CHARGE RATIO
		FOR TRINITY MEDICAL CENTER THIS RATIO WAS THEN
		APPLIED AGAINST THE BAD DEBT ATTRIBUTABLE TO
		PATIENT ACCOUNTS USING IRS WORKSHEET A TO
		ARRIVE AT THE BAD DEBT EXPENSE AT COST REPORTED
		ON LINE 2
<u>J</u>		ION LINE Z

Identifier	ReturnReference	Explanation
		PART III, LINE 8 AMOUNTS ON LINE 6 WERE CALCULATED USING IRS WORKSHEET B 'TOTAL MEDICARE ALLOWABLE COSTS 'THE MEDICARE ALLOWABLE COSTS WERE OBTAINED FROM THE MEDICARE COST REPORTS AND THEN REDUCED BY ANY AMOUNTS ALREADY CAPTURED IN COMMUNITY BENEFIT EXPENSE IN PART I ABOVE THE HOSPITAL BELIEVES THE ENTIRE AMOUNT OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT, MORE SPECIFICALLY, AS CHARITY CARE THE ELDERLY CONSTITUTE A CLEARLY-RECOGNIZED CHARITABLE CLASS, AND MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR AND THUS WOULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE PROGRAM, MEDICAID OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS ABSENT THE MEDICARE PROGRAM BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS ADDITIONALLY, THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS FINALLY, THE
		MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS

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Identifier	ReturnReference	Explanation
		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

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Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - ROCK ISLAND		PART V, SECTION B, LINE 3 A COMPREHENSIVE AND REPRESENTATIVE COMMUNITY WIDE PHONE SURVEY WAS CONDUCTED AND FOCUS GROUPS WERE CONVENED WITH KEY INFORMANTS OF WHOM SOME WERE USERS

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - ROCK ISLAND		PART V, SECTION B, LINE 4 GENESIS HEALTH SYSTEM, THE ROCK ISLAND COUNTY HEALTH DEPARTMENT, THE SCOTT COUNTY HEALTH DEPARTMENT, TRINITY MUSCATINE PUBLIC HEALTH, AND THE COMMUNITY HEALTH CARE CENTER

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Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - ROCK ISLAND		PART V, SECTION B, LINE 5C THE HEALTH NEEDS ASSESSMENT WAS RECENTLY COMPLETED IT WAS POSTED ON OUR HOSPITAL WEBSITE MARCH 21, 2012 AND WILL BE AVAILABLE ON THE WEBSITES OF THE OTHER COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - ROCK ISLAND		PART V, SECTION B, LINE 15E GUARANTORS RECEIVE A CYCLE BILL EERY 30 DAYS FOR THE LIFE OF THE ACCOUNT ON A/R ON DAY 41, 11 DAYS AFTER THE SECOND BILLING CYCLE, A FIRST COLLECTION ATTEMPT IS MADE FROM THE TELEVOX DIALER THE SECOND COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 71, 11 DAYS AFTER THE THIRD AND FINAL BILLING CYCLE THE THIRD COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 87, E DAYS BEFORE THE ACCOUNT IS REVIEWED FOR COLLECTIONS ACCOUNTS WITH SATISFACTORY PAYMENTS OR PREARRANGED PAYMENT ARRANGEMENTS THAT ARE CURRENT ARE NOT SENT TO THE DIALER ACCOUNTS WITH A MENTAL HEALTH DIAGNOSIS, WORKERS COMPENSATION ACCOUNTS, ACCOUNTS WITH SKILLED NURSING FACILITIES, AND ACCOUNTS WITH NO PHONE NUMBER ARE ALSO NOT SENT TO THE DIALER THESE ACCOUNTS ARE ON A MANUAL LIST WHICH THE COLLECTION TEAM REVIEWS AND MAKES CALLS MANUALLY AS DEEMED APPROPRIATE WHEN THE ACCOUNTS ARE GREATER THAN OR EQUAL TO \$5,000, THE COLLECTION TEAM WILL SEND A FINANCIAL ASSISTANCE APPLICATION IF THEY CANNOT MAKE CONTACT WITH THE GUARANTOR AND 10 BUSINESS DAYS LATER, A PAST LETTER THEY WILL ALSO CHECK
		FOR MEDICAID ELIGIBILITY FOR THEIR STATE OF RESIDENCE

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER -		PART V, SECTION B, LINE 15E GUARANTORS RECEIVE A CYCLE BILL EERY 30 DAYS FOR THE LIFE OF THE ACCOUNT ON A/R ON DAY 41, 11 DAYS AFTER THE SECOND BILLING CYCLE, A FIRST COLLECTION ATTEMPT IS MADE FROM THE TELEVOX DIALER THE SECOND COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 71, 11 DAYS AFTER THE THIRD AND FINAL BILLING CYCLE THE THIRD COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 87, E DAYS BEFORE THE ACCOUNT IS REVIEWED FOR COLLECTIONS ACCOUNTS WITH SATISFACTORY PAYMENTS OR PREARRANGED PAYMENT ARRANGEMENTS THAT ARE CURRENT ARE NOT SENT TO THE DIALER ACCOUNTS WITH A MENTAL HEALTH DIAGNOSIS, WORKERS COMPENSATION ACCOUNTS, ACCOUNTS WITH SKILLED NURSING FACILITIES, AND ACCOUNTS WITH NO PHONE NUMBER ARE ALSO NOT SENT TO THE DIALER THESE ACCOUNTS ARE ON A MANUAL LIST WHICH THE COLLECTION TEAM REVIEWS AND MAKES CALLS MANUALLY AS DEEMED APPROPRIATE WHEN THE ACCOUNTS ARE GREATER THAN OR EQUAL TO \$5,000, THE COLLECTION TEAM WILL SEND A FINANCIAL ASSISTANCE APPLICATION IF THEY CANNOT MAKE CONTACT WITH THE GUARANTOR AND 10 BUSINESS DAYS LATER, A PAST LETTER THEY WILL ALSO CHECK
		FOR MEDICAID ELIGIBILITY FOR THEIR STATE OF RESIDENCE

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - BETTENDORF		PART V, SECTION B, LINE 15E GUARANTORS RECEIVE A CYCLE BILL EERY 30 DAYS FOR THE LIFE OF THE ACCOUNT ON A/R ON DAY 41, 11 DAYS AFTER THE SECOND BILLING CYCLE, A FIRST COLLECTION ATTEMPT IS MADE FROM THE TELEVOX DIALER THE SECOND COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 71, 11 DAYS AFTER THE THIRD AND FINAL BILLING CYCLE THE THIRD COLLECTION ATTEMPT IS MADE BY THE DIALER ON DAY 87, E DAYS BEFORE THE ACCOUNT IS REVIEWED FOR COLLECTIONS ACCOUNTS WITH SATISFACTORY PAYMENTS OR PREARRANGED PAYMENT ARRANGEMENTS THAT ARE CURRENT ARE NOT SENT TO THE DIALER ACCOUNTS WITH A MENTAL HEALTH DIAGNOSIS, WORKERS COMPENSATION ACCOUNTS, ACCOUNTS WITH SKILLED NURSING FACILITIES, AND ACCOUNTS WITH NO PHONE NUMBER ARE ALSO NOT SENT TO THE DIALER THESE ACCOUNTS ARE ON A MANUAL LIST WHICH THE COLLECTION TEAM REVIEWS AND MAKES CALLS MANUALLY AS DEEMED APPROPRIATE WHEN THE ACCOUNTS ARE GREATER THAN OR EQUAL TO \$5,000, THE COLLECTION TEAM WILL SEND A FINANCIAL ASSISTANCE APPLICATION IF THEY CANNOT MAKE CONTACT WITH THE GUARANTOR AND 10 BUSINESS DAYS LATER, A PAST LETTER THEY WILL ALSO CHECK FOR MEDICAID ELIGIBILITY FOR THEIR STATE OF
		RESIDENCE

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER -		PART V, SECTION B, LINE 19D IF THE INDIVIDUAL APPLIES AND QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES FOR THOSE SERVICES AT THE HOSPITAL FACILITY TO DETERMINE THE AMOUNTS BILLED FOR ALL SERVICES, INCLUDING EMERGENCY OR MEDICALLY NECESSARY CARE THIS OCCURS REGARDLESS WHETHER THE INDIVIDUAL HAS INSURANCE COVERAGE ALSO, IF THE INDIVIDUAL HAS INSURANCE COVERAGE AND DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE INSURER'S NEGOTIATED RATE FOR THOSE SERVICES AT THE HOSPITAL FACILITY HOWEVER, IF THE INDIVIDUAL DOES NOT HAVE INSURANCE COVERAGE AND EITHER DOES NOT APPLY OR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE GROSS RATES FOR THOSE SERVICES TO DETERMINE THE AMOUNTS BILLED IF THE UNINSURED INDIVIDUAL AGREES TO PAY THE BILL IN
		FULL, THE HOSPITAL FACILITY WILL PROVIDE A 20%-30% DISCOUNT FROM THE GROSS RATES FOR THOSE INDIVIDUALS

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - MOLINE		PART V, SECTION B, LINE 19D IF THE INDIVIDUAL APPLIES AND QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES FOR THOSE SERVICES AT THE HOSPITAL FACILITY TO DETERMINE THE AMOUNTS BILLED FOR ALL SERVICES, INCLUDING EMERGENCY OR MEDICALLY NECESSARY CARE THIS OCCURS REGARDLESS WHETHER THE INDIVIDUAL HAS INSURANCE COVERAGE ALSO, IF THE INDIVIDUAL HAS INSURANCE COVERAGE AND DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE INSURER'S NEGOTIATED RATE FOR THOSE SERVICES AT THE HOSPITAL FACILITY HOWEVER, IF THE INDIVIDUAL DOES NOT HAVE INSURANCE COVERAGE AND EITHER DOES NOT APPLY OR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE GROSS RATES FOR THOSE SERVICES TO DETERMINE THE AMOUNTS BILLED IF THE UNINSURED INDIVIDUAL AGREES TO PAY THE BILL IN FULL, THE HOSPITAL FACILITY WILL PROVIDE A 20%-
		30% DISCOUNT FROM THE GROSS RATES FOR THOSE INDIVIDUALS

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - BETTENDORF		PART V, SECTION B, LINE 19D IF THE INDIVIDUAL APPLIES AND QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES FOR THOSE SERVICES AT THE HOSPITAL FACILITY TO DETERMINE THE AMOUNTS BILLED FOR ALL SERVICES, INCLUDING EMERGENCY OR MEDICALLY NECESSARY CARE THIS OCCURS REGARDLESS WHETHER THE INDIVIDUAL HAS INSURANCE COVERAGE ALSO, IF THE INDIVIDUAL HAS INSURANCE COVERAGE AND DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE INSURER'S NEGOTIATED RATE FOR THOSE SERVICES AT THE HOSPITAL FACILITY HOWEVER, IF THE INDIVIDUAL DOES NOT HAVE INSURANCE COVERAGE AND EITHER DOES NOT APPLY OR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL FACILITY USES THE GROSS RATES FOR THOSE SERVICES TO DETERMINE THE
		AMOUNTS BILLED IF THE UNINSURED INDIVIDUAL AGREES TO PAY THE BILL IN FULL, THE HOSPITAL FACILITY WILL PROVIDE A 20%-30% DISCOUNT FROM THE GROSS RATES FOR THOSE INDIVIDUALS

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - ROCK ISLAND		PART V, SECTION B, LINE 21 AS DESCRIBED IN SCHEDULE H, PART V, LINE 19, IF THE PATIENT DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE AND ALSO IS UNINSURED OR RECEIVES NO BENEFIT FROM THEIR INSURANCE ON A SERVICE PROVIDED BY THE HOSPITAL FACILITY, THEY WOULD BE CHARGED AMOUNTS EQUAL TO GROSS CHARGES FOR THE SERVICES PROVIDED TO THE PATIENT HOWEVER, IF THE PATIENT AGREES TO PAY IN FULL, THEY WILL RECEIVE A 20%-30% DISCOUNT FROM THE GROSS CHARGES

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Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - MOLINE		PART V, SECTION B, LINE 21 AS DESCRIBED IN SCHEDULE H, PART V, LINE 19, IF THE PATIENT DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE AND ALSO IS UNINSURED OR RECEIVES NO BENEFIT FROM THEIR INSURANCE ON A SERVICE PROVIDED BY THE HOSPITAL FACILITY, THEY WOULD BE CHARGED AMOUNTS EQUAL TO GROSS CHARGES FOR THE SERVICES PROVIDED TO THE PATIENT HOWEVER, IF THE PATIENT AGREES TO PAY IN FULL, THEY WILL RECEIVE A 20%-30% DISCOUNT FROM THE GROSS CHARGES

Identifier	ReturnReference	Explanation
TRINITY MEDICAL CENTER - BETTENDORF		PART V, SECTION B, LINE 21 AS DESCRIBED IN SCHEDULE H, PART V, LINE 19, IF THE PATIENT DOES NOT APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE AND ALSO IS UNINSURED OR RECEIVES NO BENEFIT FROM THEIR INSURANCE ON A SERVICE PROVIDED BY THE HOSPITAL FACILITY, THEY WOULD BE CHARGED AMOUNTS EQUAL TO GROSS CHARGES FOR THE SERVICES PROVIDED TO THE PATIENT HOWEVER, IF THE PATIENT AGREES TO PAY IN FULL, THEY WILL RECEIVE A 20%-30% DISCOUNT FROM THE GROSS CHARGES

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 TRINITY MEDICAL CENTER CONTINUALLY WORKS WITH COMMUNITY PARTNERS IN
		THE QUAD CITY AREA OF IOWA AND ILLINOIS TO ASSESS
		THE HEALTH NEEDS OF THE COMMUNITY IT'S PRIMARY "COMMUNITY HEALTH ASSESSMENT" PARTNERS ARE THE
		SCOTT COUNTY PUBLIC HEALTH DEPARTMENT, THE ROCK
		ISLAND COUNTY HEALTH DEPARTMENT, THE COMMUNITY
		HEALTH CARE CENTER (AN FAQC), GENESIS MEDICAL CENTER AND THE QUAD CITY HEALTH INIITIATIVE (THE
		QUAD CITY HEALTH INITIATIVE IS JOINTLY SPONSORED
		BY TRINITY MEDICAL CENTER AND GENESIS MEDICAL CENTER) THIS COLLABORATION CONTINUES AND EXISTS
		TO FACILITATE COORDINATION AND NON-DUPLICATION
		OF EFFORT AMONG THE PARTNERS AS WE ALL DEVELOP
		PROGRAMS AND SERVICES DESIGNED TO RESPOND TO THE NEEDS IDENTIFIED IN THE ASSESSMENT AS NOTED
		EARLIER, TRINITY MEDICAL CENTER AND GENESIS
		HEALTH SYSTEM ARE THE SPONSORING PARTNERS OF THE QUAD CITY HEALTH INITIATIVE (QCHI) QCHI IS A
		COMMUNITY PARTNERSHIP WORKING TO CREATE A
		HEALTHY COMMUNITY IT CONSISTS OF OVER 200
		VOLUNTEERS FROM ALL WALKS OF LIFE, AS WELL AS A BOARD OF DIRECTORS WHOSE MEMBERS ARE
		REPRESENTATIVE OF THE COMMUNITY IN TERMS OF
		SOCIO-ECONOMIC VARIABLES AND COMMUNITY LEADERSHIP THE BOARD MEETS QUARTERLY QCHI IS
		ONE OF THE RESOURCES THAT TRINITY UTILIZES WHEN
		ADDRESSING THE COMMUNIITY'S HEALTH NEEDS TRINITY'S MISSION EFFECTIVENESS COMMITTEE WHICH
		CONSISTS OF AREA CLERGY, PHYSICIANS,
		REPRESENTATIVES OF THE BUSINESS AND SOCIAL SERVICE COMMUNITIES AND TRINITY SENIOR
		LEADERSHIP IS ANOTHER INVALUABLE RESOURCE
		UTILIZED TO DEVELOP AND MONITOR TRINITY'S
		COMMUNITY BENEFITS PLAN THE PLAN IDENTIFIES SPECIFIC HEALTH PRIORITIES, STRATEGIES AND PLANS
		OF ACTION TO ADDRESS THOSE NEEDS WHICH ARE
		CONSISTENT WITH ITS MISSION AND CAPACITY TRINITY'S EFFORTS TO "IMPROVE THE HEALTH OF THE
		COMMUNITIES WE SERVE" ARE MONITORED IN PART BY
		THE OTHER PARTNER AGENCIES CITED EARLIER I E SCOTT COUNTY PUBLIC HEALTH DEPARTMENT,
		COMMUNITY HEALTH CARE CENTER, ROCK ISLAND
		COUNTY PUBLIC HEALTH DEPARTMENT AND GENESIS MEDICAL CENTER AS WELL AS BY THE MISSION
		EFFECTIVENESS COMMITTEE THE LATTER IS A
		STANDING COMMITTEE OF TRINITY REGIONAL HEALTH SYSTEM'S BOARD AND MEETS A MINIMUM OF FOUR TIMES
		A YEAR ADDITIONALLY, THE QUAD CITY HEALTH
		INITIATIVE MONITORS AND REPORTS SPECIFIC INDICATORS TO AID IN THE DEVELOPMENT OF NEW
		PLANS OR REFINING EXISTING ONES TRINITY MEDICAL
		CENTER ALSO PARTICIPATES AS PART OF THE UNITED
		WAY 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 ITS 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
1	ı	Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		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 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

Page **8**

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 TRINITY MEDICAL CENTER IS A 515-BED
		COMMUNITY HOSPITAL SERVING EASTERN IOWA AND
		WESTERN ILLINOIS TRINITY MEDICAL CENTER IS
		NONDENOMINATIONAL AND SERVES ALL WHO COME
		HERE, REGARDLESS OF REASON OR CIRCUMSTANCE 80%
		OF TRINITY MEDICAL CENTER'S MARKET RESIDENTS LIVE
		WITHIN THE IOWA COUNTIES OF ROCK ISLAND (IL) AND
		SCOTT (IA) TRINITY MEDICAL CENTER ADMITS
		APPROXIMATELY 22,000 INPATIENTS AND CARES FOR
		86,000 EMERGENCY PATIENTS PER YEAR MEDIAN
		HOUSEHOLD INCOMES RANGE FROM 46,226 TO 49,964
		AND THE AVERAGE POVERTY RATE IS 12% 62% OF
		TRINITY MEDICAL CENTER INPATIENTS ARE ELIGIBLE
		FOR MEDICARE OR MEDICAID ROCK ISLAND AND SCOTT
		COUNTIES BOTH HAVE SIGNIFICANT MINORITY
		POPULATION ROCK ISLAND IS 82% CAUCASION, 9%
		AFRICAN AMERICAN, 12% HISPANIC, AND 2% ASIAN
		SCOTT IS 86% CAUCASION, 7% AFRICAN AMERICAN,
		AND 6% HISPANIC

Schedule H (Form 990) 2011 Page **8**

Identifier	ReturnReference	Explanation
Identine		PART VI, LINE 5 THE HOSPITAL IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITH THE GOAL OF PROMOTING THE HEALTH OF THE COMMUNITIES IT SERVES THE HOSPITAL SUPPORTS THIS MISSION WITH A COMMUNITY BOARD, OPEN MEDICAL STAFF, AND AN EMERGENCY ROOM AVAILABLE TO PATIENTS REGARDLESS OF ABILITY TO PAY THE BOARD OF DIRECTORS OF THE HOSPITAL IS COMPOSED OF CIVIC LEADERS WHO RESIDE IN THE SERVICE AREA OF THE HOSPITAL THE BOARD ACTIVELY DEBATES AND SETS POLICY AND STRATEGIC DIRECTION FOR THE HOSPITAL BUT DOES NOT GET INVOLVED IN ISSUES RELATED TO THE DIRECT OPERATIONS OF THE HOSPITAL THE BOARD TAKES A BALANCED APPROACH
		WHEN ADDRESSING COMMUNITY AND BUSINESS/FINANCIAL CONCERNS THE BOARD IS ALSO THE PRIMARY GROUP FOR DETERMINING THE USE OF HOSPITAL SURPLUS FUNDS, WHICH ARE ALL USED TO FURTHER OUR CHARITABLE PURPOSE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE HOSPITAL 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 27 HOSPITALS IN METROPOLITAN
		AND RURAL COMMUNITIES AND MORE THAN 200
		PHYSICIAN CLINICS, IOWA HEALTH SYSTEM PROVIDES
		CARE THROUGHOUT IOWA AND ILLINOIS IOWA HEALTH
		SYSTEM ENTITIES EMPLOY THE STATE'S LARGEST
		NONPROFIT WORKFORCE, WITH MORE THAN 24,000
		EMPLOYEES WORKING TO WARD INNOVATIVE
		ADVANCEMENTS TO DELIVER THE BEST OUTCOME FOR
		EVERY PATIENT EVERY TIME EACH YEAR, THROUGH
		MORE THAN 3 1 MILLION PATIENT VISITS, IOWA HEALTH
		SYSTEM HOSPITALS AND CLINICS PROVIDE A FULL
	l	RANGE OF CARE TO PATIENTS AND FAMILIES WITH
		ANNUAL REVENUES OF \$2 8 BILLION, IOWA HEALTH
		SYSTEM IS THE FIFTH LARGEST NONDENOMINATIONAL HEALTH SYSTEM IN AMERICA AND PROVIDES
	l	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
		2011, IOWA HEALTH SYSTEM AND ITS AFFILIATES
		PROVIDED MORE THAN \$387 MILLION OF COMMUNITY
		BENEFIT 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
!	1	1

Schedule H (Form 990) 2011 Page **8**

Identifier	ReturnReference	Explanation			
REPORTS FILED WITH STATES	PART VI, LINE 7	IL,IA			

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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

2011

DLN: 93493319005442

Open to Public Inspection

Name of the organization						Employer identifi	cation number
TRINITY MEDICAL CENTER	36-2739299						
Part I General Inform	nation on Grants	and Assistance				'	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants or rganization's procedur	or assistance? res for monitoring the use	of grant funds in the U	Jnited States			Г Y es
Form 990, Part I	V, line 21 for any r	Governments and recipient that received 0) if additional space	l more than \$5,000.	Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ILLINOIS HOSPITAL ASSOCIATION37092 EAGLE WAY CHICAGO,IL 60679	36-2352486	501(C)(3)	131,490				PROGRAM SUPPORT
(2) IO WA HEALTH SYSTEM 1200 PLEASANT ST DES MOINES,IA 50309	42-1435199	501(C)(3)	2,155,583				PROGRAM SUPPORT
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations l	isted in the line 1 table				

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Compensation Information

DLN: 93493319005442

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TRINITY MEDICAL CENTER

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.

Inspection **Employer identification number**

36-2739299

Pa	rt 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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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			
а	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			
а	The organization?	5a		No
Ь	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			
а	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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın 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		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

	_							
(A) Name	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table								

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
	1 A	DISCRETIONARY SPENDING ACCOUNTS CERTAIN OFFICERS AND/OR DIRECTORS WERE PROVIDED AN EXECUTIVE ALLOWANCE THE ALLOWANCES ARE REQUIRED TO BE USED TO COVER CERTAIN TRAVEL, MEALS, HEALTH OR SOCIAL CLUB DUES, ENTERTAINMENT, ETC EXPENSES INSTEAD OF RECEIVING TAX-EXEMPT REIMBURSEMENT THE ALLOWANCE IS INCLUDED IN TAXABLE COMPENSATION AND REPORTED ON FORM W-2 THE ALLOWANCE GUIDELINES ARE ADDRESSED IN A WRITTEN POLICY
	LINES 4A-B	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME ANDREA COLEMAN \$125,462 AND MYKL GARRETT \$23,810 SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS DAVID DEOPERE \$-6,065, MYKL GARRETT \$14,588, WILLIAM LEAVER \$243,630, GREG PAGLIUZZA JR \$26,948, RICHARD SEIDLER \$66,665, JEFFREY STOLZE \$42,758, KEVIN VERMEER \$157,312 AND JAY WILLSHER \$44,376

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-MI	SC compensation (C) Deferred		(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR WILLIAM OLSON FR 911	(1) (11)	646,580 0	0 0	64,937 0	16,224 0	23,167 0	750,908 0	0
RICK SEIDLER	(1) (11)	433,126 0	166,284 0	128,191 0	83,659 0	12,328 0	823,588 0	0
TAMARA BYRAM	(I)	135,915 0	36,087 0	15,284 0	12,629 0	20,424	220,339	0
DAVID DEOPERE	(I) (II)	197,279 0	53,444 0	40,377 0	12,781	19,127 0	323,008	0
MYKL GARRETT TO 1111	(1) (11)	248,996 0	0	55,993 0	33,276 0	111	338,376 0	0
DR PAUL MCLOONE	(ı) (ıı)	68,463 164,779	24,746 605	3,462 75	3,590 9,900	2,991 16,927		0
GREG PAGLIUZZA JR	(I) (II)	277,559 0	39,750 0	25,989 0	43,062 0	15,610 0	401,970 0	0
JAY WILLSHER FR 1111	(I)	199,974 0	50,635 0	28,816 0	63,222 0	26,325 0	368,972 0	0
DR PAUL BOLGER	(I) (II)	451,696 0	0	63,066 0	18,846 0	26,067 0	559,675 0	0
KATHLEEN CUNNINGHAM TO 511	(I) (II)	64,461 113,153	48,116 17,500		8,995 5,660	5,261 7,829		0
JON HONSEY TO 611	(ı) (ıı)	87,205 0	52,241 0	39,139 0	12,489 0	11,119 0	202,193	0
RICHARD MURPHY	(ı) (ıı)	130,284 0	15,142 0	4,791 0	10,780 0	22,093	183,090 0	0
BOBETTE PATTERSON	(ı) (ıı)	123,865 0	18,677 0	13,304	11,134 0	15,878 0	182,858 0	0
MICHAEL PATTERSON	(ı) (ıı)	233,316 0	65,988 0	55,940 0	18,846 0	20,507	394,597 0	0
KATHERINE PEARSON	(ı) (ıı)	154,132 0	41,243	19,721 0	15,075	19,752	249,923	0
JEFFREY STOLZE	(I) (II)	200,686 0	55,042 0	18,881	61,604	25,250	361,463 0	0
DR RANDALL BAY	(I) (II)	420,869 0	0	45,701	18,846	23,376	508,792	0
DR GREGORY BOHN	(I) (II)	583,473 0	0	12,914	18,846	20,206	635,439	0

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

(A) Name	Name (B) Breakdown of W-2 and/or 109			SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
DR MARK BUETTNER	(ı) (ıı)	530,108 0	0 0	10,519 0	18,846 0	26,771 0	586,244 0	0 0	
DR KEVIN KURTH	(ı) (ıı)	371,976 54,391		102,984 12,484	17,123 2,692	•			
DR CHAD VANDERLINDEN	(I) (II)	453,061 0	0	11,310 0	18,846 0	21,265 0	504,482 0	0	
ANDREA COLEMAN TO 1109	(ı) (ıı)	0 0	0	123,903 0	0	8,049 0	131,952 0	0	
WILLIAM LEAVER TO 1207	(ı) (ıı)	0 938,718	0 335,170	0 67,448	0 253,072	0 53,987	0 1,648,395	0 0	
TOM TIBBITTS TO 610	(ı) (ıı)	0 197,906	0 50,000	0 510,590	0 12,250	0 12,025	0 782,771	0 456,583	
KEVIN VERMEER TO 509	(I) (II)	0 485,743	0 135,017	0 51,625	0 169,053	0 25,863	0 867,301	0	

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DLN: 93493319005442

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public **Inspection**

TRINITY MEDICAL CENTER							-	iiipioyei ii	aciicii ica	ition numbe	-1	
							3	6-27392	99			
Part I Excess Benefit Tra Complete if the organiza							organı	zations	only).	ine 40h		
Complete if the organiza	LIOII alis	wered	les dirition	1990,1	ait IV, iiie 23a t	71 230,	01 1 01111	990-LZ,	rait v,i		(c)	
1 (a) Name of disqualified p			erson (b) Des			cription of transaction					Corrected?	
1 (a)				(b) Description of the			or crans	cransaction		Yes	No	
											1	
2 Enter the amount of tax impos	ed on tl				disqualified pers				r · +			
3 Enter the amount of tax, if any	online								→ — · s			
5 Enter the amount of tax, if any	, 011 11116	2, 400	ve, reiiiibarse	ed by th	e organization :				→			
Part III Loans to and/or												
Complete if the organi	zation a	nswered	d "Yes" on Fo	rm 990	, Part IV, line 26	, or For	m 990-E			a		
	(b) ∟	oan to						1 /£\				
	or from the		1			(0)	T n	(f)		(m)\\/r;++	· o n	
(a) Name of interested person and		m the	(c) 0 rıgı		(d)Ralance due	(e) defau		Approv	/ed	(g)Writt		
(a) Name of interested person and purpose			(c)O rıgı prıncıpal ar		(d)Balance due	(e) defau			ved d or	(g) Writt		
		m the			(d)Balance due			A pprov	ved d or	1 1-7		
	organı	m the zation?			(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
	organı	m the zation?			(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
	organı	m the zation?			(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
	organı	m the zation?			(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
	organı	m the zation?			(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
purpose	To	m the zation?	principal ar	mount	(d)Balance due	defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
purpose	To	From	principal ar	mount		defau	ılt?	A pprov by boar commit	ved d or tee?	agreeme	nt?	
purpose	To	From From	principal ar	mount ▶ \$ sted I	Persons.	Yes	No	A pprov by boar commit	ved d or tee?	agreeme	nt?	
Total	To To nce Be	From From enefitt on ansy	principal ar ing Interevered "Yes"	► \$ sted I on Fo	Persons. rm 990, Part IV	Yes /, line	No No 27.	A pprovided by boar commit Yes	ved d or tee? No	Yes	No	
Total	To To nce Be	From From enefitt on ansy	principal ar ing Interevered "Yes"	► \$ sted I on Fo	Persons. rm 990, Part IV	Yes /, line	No No 27.	A pprovided by boar commit Yes	ved d or tee? No	agreeme	No	
Total	To To nce Be	From From enefitt on ansy	principal ar ing Interevered "Yes"	► \$ sted I on Fo	Persons. rm 990, Part IV	Yes /, line	No No 27.	A pprovided by boar commit Yes	ved d or tee? No	Yes	No	
Total	To To nce Be	From From enefitt on ansy	principal ar ing Interevered "Yes"	► \$ sted I on Fo	Persons. rm 990, Part IV	Yes /, line	No No 27.	A pprovided by boar commit Yes	ved d or tee? No	Yes	No	
Total	To To nce Be	From From enefitt on ansy	principal ar ing Interevered "Yes"	► \$ sted I on Fo	Persons. rm 990, Part IV	Yes /, line	No No 27.	A pprovided by boar commit Yes	ved d or tee? No	Yes	No	

Part TV	Rusiness	Transactions	Involving	Interested	Persons
	Dasilioss	II GIISGCCIOIIS	THEFT	Tille Cole a	

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

complete if the organization	m answered res on	roini 550, rait IV, iii	10 200, 200, 01 200.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

Software ID: Software Version:

EIN: 36-2739299

Name: TRINITY MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing of

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
AMANDA CROWELL	FAMILY MEMBER OF BOARD MEMBER DUNCAN CAMERON	129,191	EMPLOYMENT		No
BOBETTE PATTERSON	FAMILY MEMBER OF KEY EMPLOYEE MICHAEL PATTERSON	182,859	EMPLOYMENT		No
CARDIOVASCULAR MEDICINE PC	COMMON BOARD MEMBER/OFFICER	173,901	MEDICAL SERVICES		No
MARSHA ROMAN	FAMILY MEMBER OF KEY EMPLOYEE MICHAEL PATTERSON	102,779	EMPLOYMENT		No
MEDICAL ARTS ASSOCIATES LTD PC	COMMON BOARD MEMBER/OFFICER	791,000	RENT AND MEDICAL SERVICES		No
METRO MRI CENTER LIMITED PARTNERSHIP	COMMON BOARD MEMBER/OFFICER	2,092,000	INVESTMENT AND PATIENT SERVICE REVENUE		No
MICHAEL PATTERSON	FAMILY MEMBER OF KEY EMPLOYEE BOBETTE PATTERSON	394,596	EMPLOYMENT		No
QUAD CITY AMBULATORY SURGERY CENTER LLC	COMMON BOARD MEMBER/OFFICER	3,451,000	INVESTMENT		No
SNYDER PARK NELSON & SCHWIEBERT PC	COMMON BOARD MEMBER/OFFICER	178,967	ATTORNEY FEES		No
TRINITY BETTENDORF ORTHOPEDIC CO-MANAGEMENT COMPANY LLC	COMMON BOARD MEMBER/OFFICER	150,000	MEDICAL SERVICES		No
TRINITY PHYSICIAN HOSPITAL ORGANIZATION LTD	COMMON BOARD MEMBER/OFFICER	487,000	INVESTMENT, RENT, ADMINISTRATIVE FEES, SALARIES/BENEFITS, CREDENTIALING FEES, OTHER PROFESSIONAL FEES		No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319005442

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization	
TRINITY MEDICAL CENTER	

Employer identification number

36-2739299

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ALEX PAREIGIS, MD, AHMED OKBA, MD, BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MICHAEL PATTERSON, BOBETTE PATERSON, FAMILY RELATIONSHIP

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	TRINITY REGIONAL HEALTH SYSTEM'S MAY APPOINT ONE BOARD MEMBER AND APPROVES ALL OTHERS

Identifier	Return Reference	Explanation
	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

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

ANNUAL QUESTIONNARIES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER DIRECTOR KEY EMPLOYEE OF REPORTING PHYSICIAN 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMEY, WITH THE POLICY, 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ROANIZATION IS A CHARITABLE ORGANIZY, 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ROANIZATION SA CHARITABLE ORGANIZATION AND THAT THE POLICY OF 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 DENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNARIE FOR COMPLETION THE RESULTS ARE COMPLED CENTRALLY AND REVIEWED BY THE GIVEN HEALTH IS YSTEM COMPLIANCE OFFICER, AND THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR COMPLIANCE OFFICER, AND THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHARRESSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS FORENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION THE INFORMATION DISCLOSED IS USED TO DENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING RIS AND MEDICAD QUESTIONNARIES ANY DUALITY OF INTEREST OR PROSENTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF BOARD ACTION ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO	Identifier	Return Reference	Explanation
BOARD-DELEGATED POWERS SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHEI 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		FORM 990, PART VI, SECTION B,	EMPLOYEES AND REPORTING PHYSICANS ARE REQUESTED TO COMPLETE A QUESTIONNARE TO REPORT POTIBATING. CONFLICTS OF INTEREST PRESONS WHO HAVE NOT RETURNED QUESTIONNARES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS THE ANNUAL QUESTIONNARES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICE DIRECTOR, KYE EMPLOYED OR REPORTING PHYSICIAN 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE TOLLOY, 3) AGREES TO COMPLY WITH THE POLICY, 4) UNDERSTANDS THAT THE OFFICE AND AND UNDERSTANDS THE TOLLOY, 3) AGREES TO COMPLY WITH THE POLICY, 4) UNDERSTANDS THAT THE OFFICE AND SUBCOMMITTEES HAVING BOARD DELEBATED POWERS, AND 5) HAD THE POLICY, 20 AND THAT IN ORDER TO MAINTAIN INDEPSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXPENT STATUS, IT MUST CONTINUOUSLY BY ENGE PRIMARILY IN ACTIVITIES WHICH ACCOMPANY OF THE PROPERS SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS FROVIDE INFORMATION TO A CENTRAL COORDINATIOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECOVER THE QUESTIONNAIRE FOR COMPLETION THE RESISTS ARE COMPLETED CONTINUATION OF WHICH INDIVIDUALS SHOULD RECOVER THE QUESTIONNAIRE FOR COMPLETION THE RESISTS AND CONTINUATION OF WHICH INDIVIDUALS SHOULD RECOVER THE QUESTIONNAIRE FOR COMPLETION THE RESISTS AND CONTINUATION OF WHICH INDIVIDUALS SHOULD RECOVER THE QUESTIONNAIRE FOR COMPLETION THE RESISTS AND CONTINUATION OF WHICH INDIVIDUALS AND PROPERTY OF THE ORGANIZATION AND PROPERTY OF WHICH INDIVIDUALS ARE ALSO REMINDED OF INTEREST AND COMPLETING PHY STEM COMPLANCE OFFICER. CHIEF FOR THE CONTINUATION OF THE POST OFFICER OFFICER, CHIEF FINANCIAL OFFICER AND COMPLANCE MANAGER THESE INDIVIDUALS ARE ALSO REMINDED OF THE AFFORMATION DISCLOSED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST TO AND THE SASTING OFFICER OFFICER, CHIEF FINANCIAL OFFICERS ON THE THAT ARE BROOKED HIT OF INTEREST. THAT OR ASSIST IN COMPLETING FOR ANY DUALITY OF INTEREST OF ANTO AND ALL APPROPRICA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICER AND KEY EMPLOYEDS, INCLUDING THE HS CHIEF EXECUTIVE OFFICER (THE "CEO") THIS ANNUAL REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH EXECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALLIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARDS COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR APPROXIMATELY THE TOP FIFTY EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION), AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE DIRECTION, FOR THE OTHER EXECUTIVES THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS FOR APPROXIMATELY THE TOP FIFTY EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION), AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE DIRECTION, FOR THE OTHER EXECUTIVES THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, HAS VOLUNTARILY ADOPTED MANY OF OUR INDUSTRY'S GOVERNANCE "BEST PRACTICES" IOWA HEALTH SYSTEM HAS 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 SYSTEM BOARD OF DIRECTORS VOLUNTARILY ADOPTED OVER 40 CHANGES TO ITS GOVERNANCE STRUCTURE TO BETTER COMPLY WITH GOVERNANCE BEST PRACTICES AND THE INTENT AND APPLICABLE REQUIREMENTS OF THE SARBANES-OXLEY ACT OF 2003 IN ADDITION, GOVERNANCE POLICIES AND RELATED INFORMATION HAS BEEN ADDED TO THE IOWA HEALTH SYSTEM WEBSITE, WWW IHS ORG, INCLUDING BUT NOT LIMITED TO OVER 130 CORPORATE COMPLIANCE POLICIES, INCLUDING CHARITY CARE AND CONFLICTS OF INTEREST POLICIES, GOVERNANCE BEST PRACTICE POLICIES, THE IDENTIFICATION OF BOARD MEMBERS AND BOARD COMMITTEES, COMPENSATION FOR HOSPITAL CEO'S, AND FINANCIAL INFORMATION FOR THE PAST SEVEN YEARS

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,648,543 CHANGE IN BENEFICIAL INTEREST IN TRINITY HEALTH FOUNDATION 149,564 CHANGES IN PENSION LIABILITY -245,090 TOTAL TO FORM 990, PART XI, LINE 5 -5,744,069

SCHEDULE R
(Form 990)

Related Organization on the Complete if the experiencies on the Complete if the experience of the Complete if the c

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

DLN: 93493319005442

Open to Public Inspection

Internal Revenue Service	Department of the Treasu
	Internal Revenue Service

Name of the organization TRINITY MEDICAL CENTER					dentification number		
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes	" on Form 990, P	36-27392 art IV, line 33.)	99		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organization	n answered "Yes'	' on Form 990, P	art IV, line 34 becau	se it had	l one
(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)	s Direct controlling entity	organ	trolled nization
See Additional Data Table						Yes	No
						-	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ons for Form 990.	Cat No 5	0135Y		Schedule R (Form 990) 2011

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)	,	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												
											, in the second	_

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
See Additional Data Table							

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" o Note. Complete line 1 if any entity is listed in Parts II, III or IV	on Form 990, Part	: IV, line 34, 35, 35	5A, or 36.)	Yes	. No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizat	tions listed in Darts	11-11/2	Г	+	+				
		cions iisteu iii Faits	11-10	1:	,	No				
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)									
	14. The state of the									
d	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) 1e									
е	Loans of loan guarantees by related organization(s)			<u> -</u>	1	No				
f	Sale of assets to related organization(s)			11	=	No				
g	Purchase of assets from related organization(s)			19	,	No				
_	Exchange of assets with related organization(s)			11	1 Yes	:				
	Lease of facilities, equipment, or other assets to related organization(s)			1	i	No				
j	Lease of facilities, equipment, or other assets from related organization(s)			1:	i	No				
k	Performance of services or membership or fundraising solicitations for related organization(s)			11	,	No				
1	Performance of services or membership or fundraising solicitations by related organization(s)									
m	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
n	Sharing of paid employees with related organization(s)			1	1 Yes	;				
o	Reimbursement paid to related organization(s) for expenses			10	<u>, </u>	No				
р	Reimbursement paid by related organization(s) for expenses			1	Ye	;				
q	Other transfer of cash or property to related organization(s)			10	1	No				
r	Other transfer of cash or property from related organization(s)			1	r	No				
				_						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, include	ding covered relation	nships and transacti	on thresholds						
	(a)	(b)	(c)	(d)	ining of	nount				
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determ involv		ilouiit				
1)										
2)										
3)										
4)										
-,										
5)										
•										

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	e of end-of-year amount in box 20 of Schedule in (Form 1065)		(h) Disproprtionate allocations?		Disproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation
SECTION 512(B)	SCHEDULE R,	THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED HEALTH SYSTEM AND HAS A COMMON PARENT ORGANIZATION, "IOWA HEALTH
(13)	PART II,	SYSTEM " FOR ENTITIES THAT ARE PART OF THE CONSOLIDATED HEALTH SYSTEM (WITH COMMON CONTROL) THE ATTRIBUTION RULES OF IRC
CONTROLLED	COLUMN (G)	SECTION 318 APPLY, MEANING THAT ALL ORGANIZATIONS ARE DEEMED TO HAVE CONTROL OF THE ORGANIZATIONS OWNED BY THE
ENTITY		CONTROLLING ORGANIZATION AS SUCH, WE ARE REPORTING ALL RELATED ORGANIZATIONS OF THE HEALTH SYSTEM IN PARTS II, III & IV
		FOR PART V REPORTING, THE TRANSACTIONS DISCLOSED ARE THOSE BETWEEN THE DIRECTLY CONTROLLED PARENT-SUBSIDIARY ONLY

Schedule R (Form 990) 2011

Software ID: **Software Version:**

EIN: 36-2739299

Name: TRINITY MEDICAL CENTER

Form 990, Schedule R, Part II	- ruentification of F	related (a)	xempt O	ganizātior	15	1
(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	g Section 512 (b)(13) controlled organization
ALLEN COLLEGE 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C) (3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS INC	Yes
ALLEN HEALTH SYSTEMS INC 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO, IA 50703	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS INC	Yes
42-0698265 ANAMOSA AREA AMBULANCE SERVICE 101 GRANT WOOD DRIVE ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IA	501(C)		ST LUKE'SJONES REGIONAL MEDICAL CENTER	Yes
42-1466284 CENTRAL IOWA HEALTH PROPERTIES CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309	PROPERTY HOLDING COMPANY	IA	501(C) (2)		CENTRAL IOWA HEALTH SYSTEM	Yes
42-1233759 CENTRAL IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA 50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM	Yes
42-0680452 FINLEY TRI-STATES HEALTH GROUP INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes
42-1307495 HNC SERVICES 1200 PLEASANT STREET DES MOINES, IA 50309 27-0987243	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(2)	IOWA HEALTH SYSTEM	Yes
INTEGRATED CARE ORGANIZATION 1200 PLEASANT STREET DES MOINES, IA 50309 27-4665007	PROMOTE, SUPPPORT THE INTERESTS AND PURPOSES OF AFFILIATES' HOSPITALS	IA	501(C) (3)	509(A)(2)	IOWA HEALTH SYSTEM	Yes
INTRUST 11333 AURORA AVENUE URBANDALE, IA 50322 42-1477471	HOME HEALTH	IA	501(C) (3)	509(A)(2)	IOWA HEALTH SYSTEM	Yes
IOWA HEALTH FOUNDATION 2700 GRAND AVE SUITE 109 DES MOINES, IA 50312 42-1467682	CHARITABLE FUNDRAISING	IA	501(C) (3)	509(A)(3), TYPE III	CENTRAL IOWA HEALTH SYSTEM	Yes
1200 PLEASANT STREET DES MOINES, IA 50309 42-1435199	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE III		Yes
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD COURT JOHNSTON, IA 50131 42-1411630	PRIMARY HEALTH CARE SERVICES	IA	501(C) (3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201138	CHARITABLE FUNDRAISING	IA	501(C) (3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes
METHODIST HEALTH SERVICES CORPORATION 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	HEALTHCARE	IL	501(C) (3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes
37-111135 METHODIST MEDICAL CENTER FOUNDATION 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 51-0186460	FUNDRAISING	IL	501(C) (3)	170(B)(1) (A)(VI)	METHODIST HEALTH SERVICES CORPORATION	Yes
METHODIST MEDICAL CENTER OF ILLINOIS 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-0661223	HEALTHCARE	IL	501(C) (3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION	Yes
METHODIST SERVICES INC 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-1111134	OFFICE RENTAL	IL	501(C) (3)	509(A)(2)	METHODIST HEALTH SERVICES CORPORATION	Yes
NELLIE R SHERWOOD TRUST 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C) (3)	1 ' ' ' '	ST LUKE'S METHODIST HOSPITAL	Yes

Form 990, Schedule R, Part II -	Identification of Re	elated Tax-	Exempt Org	anizations			
(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	g Section (b)(1: control organiza	3) led
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED 720 KENYON DRIVE FORT DODGE, IA 50501 42-0937390 NORTHWEST IOWA HOSPITAL	MENTAL HEALTH CARE	IA	501(C) (3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
CORPORATION 2720 STONE PARK BLVD SIOUX CITY, IA 51104	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes	
42-1019872 SELF INSURANCE TRUST AGREEMENT EST BY METHODIST MEDICAL CENTER OF ILLINOIS 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-6181831	FUND SELF- INSURANCE PLAN	IL	501(C) (3)	509(A)(3),	METHODIST MEDICAL CENER OF ILLINOIS	Yes	
SIOUXLAND PACE INC 313 COOK STREET SIOUX CITY, IA 51103 26-1120134	ALL-INCLUSIVE CARE FOR THE ELDERLY	IA	501(C) (3)	170(B)(1) (A)(III)	ST LUKE'S HEALTH SYSTEM INC	Yes	
ST LUKE'S HEALTH RESOURCES 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1059182	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IA	501(C) (3)	509(A)(2)	ST LUKE'S HEALTH SYSTEM INC	Yes	
ST LUKE'S HEALTH SYSTEM INC 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1294091	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
ST LUKE'S HEALTHCARE 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1487968	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
ST LUKE'S METHODIST HOSPITAL 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-0504780	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	ST LUKE'S HEALTHCARE	Yes	
ST LUKE'SJONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST ANAMOSA, IA 52205 42-1487967	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	ST LUKE'S HEALTHCARE	Yes	
1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C) (3)		ST LUKE'S HEALTHCARE	Yes	
THE DUBUQUE VISITING NURSE ASSOCIATION 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C) (3)	E00/A3/23	FINLEY TRI- STATES HEALTH GROUP INC	Yes	
42-0680410 THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C) (3)	170(B)(1)	FINLEY TRI- STATES HEALTH GROUP INC	Yes	
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 2701 17TH STREET ROCK ISLAND, IL 61201	MENTAL HEALTH CARE	IL	501(C) (3)	170(B)(1)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
36-3678909 TPG HEALTH 802 KENYON ROAD FORT DODGE, IA 50501 45-3791448	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IA	501(C) (3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
TRINITY BUILDING CORPORATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1376187	PROPERTY HOLDING COMPANY	IA	501(C) (2)		TRINITY HEALTH SYSTEMS INC	Yes	
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	Yes	
TRINITY HEALTH FOUNDATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3321751	CHARITABLE FUNDRAISING	IL	501(C) (3)	170(B)(1)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
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	Yes	
TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND, IL 61201 36-2739299	HOSPITAL	IL	501(C) (3)	170(B)(1)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
TRINITY REGIONAL HEALTH SYSTEM 2701 17TH STREET ROCK ISLAND, IL 61201	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
36-3351952	J-////	1	l	<u> </u>	<u> </u>	<u> </u>	

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	g Section (b)(1 contro organiza	3) lled
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	Yes	
TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD FORT DODGE, IA 50501 42-1009175	HOSPITAL	IA	501(C) (3)	170(B)(1)	TRINITY HEALTH SYSTEMS INC	Yes	
UNITY HEALTHCARE 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C) (3)	170(B)(1)	TRINITY REGIONAL HEALTH SYSTEM	Yes	

Form 990, Schedu	ule R, Part III - Id	entifica	tion of R		anizations Ta	axable as a Pa	rtner	ship	T			ı
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	excluded from tax under sections	(f) Share of total Income (\$)	(g) Share of end- of-year assets (\$)	allocat	prtionate ions?	Code A-ABI	Ger Man Part	tner?	(k) Percentage ownership
1776 WESTLAKES PARKWAY LC				512-514)			Yes	No		Yes	No	
4949 WESTOWN PARKWAY SUITE 200 WEST DES MOINES, IA 50266 20-5031651	OWNERSHIP/RENTAL OF 2 COMMERCIAL OFFICE BUILDINGS		N/A	UNRELATED	229,642	12,309,952		No		Yes		33 330 %
	MANAGEMENT & ADMINISTRATIVE	IA	N/A	RELATED	22,920	39,683		No			Νo	20 000 %
50703 45-3237125 CENTRAL ILLINOIS CANCER CARE CENTER LLC	RADIATION THERAPY	IL	N/A	RELATED	1,031,613	1,886,570		No		Yes		50 000 %
1200 PLEASANT ST DES MOINES, IA 50309 27-3625869	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	RELATED	281,022	87,957		No			No	20 000 %
1200 PLEASANT ST DES MOINES, IA 50309 38-2622972	PARKING DECK OPERATIONS	IA	CENTRAL IA HEALTH PROP CORP	RELATED	540,801	3,772,221		No		Yes		100 000 %
STREET SUITE 500 DUBUQUE, IA 52001 20-1597161	AMBULATORY SURGERY CENTER	T A	THE FINLEY HOSPITAL	RELATED	660,133	210,769		No		Yes		51 000 %
	COLLOCATION FACILITY	I τ Δ	IOWA HEALTH SYSTEM	RELATED	2,624	2,203,353		No			Νo	52 000 %
350 N GRANDVIEW	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA	N/A	RELATED	101,716	208,966		No			No	50 000 %
FINLEYHARTIG HOMECARE LLC 703 MAIN ST	SALE/RENTAL OF MEDICAL EQUIPMENT	IA	N/A	RELATED	132,479	842,404		No		Yes		50 000 %
3EO N CRANDVIEW	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	RELATED		14,037		No		Yes		50 000 %
HEALTH ENTERPRISES VENTURES LC 4250 GLASS ROAD	CLINICAL JVS	IA	N/A	UNRELATED	89,797	817,011		No	57,299		No	55 670 %
PARKWAY WEST DES MOINES, IA 50266 26-3293530	PRIMARY CARE CLINIC	IA	N/A	RELATED	-175,705	44,300		No		Yes		50 000 %
	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	RELATED	1,323,429	2,917,182		No		Yes		50 000 %
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC	GROUP PURCHASING	IA	N/A	RELATED	4,775,894	15,888,961		No		Yes		100 000 %
LAKEVIEW SURGERY CENTER LC	SURGERY CENTER	IA	N/A	RELATED	3,443,692	4,825,696		No		Yes		50 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (e) (c) Predominant (h) General (d) (f) (i) (a) Legal (g) (b) Disproprtionate ıncome Code V-UBI Direct Share of end-Name, address, and Domicile Share of total Primary activity allocations? (related. EIN of Controlling of-year assets amount on Managing Percentage (State ıncome unrelated, Partner? ownership Box 20 of K-1 related organization Entity or (\$) (\$) excluded Foreign (\$) from tax Country under sections Yes 512-514) No MEDICAL LABORATORIES OFEASTERN IOWA LC MEDICAL LABORATORY N/A Νo IΑ RELATED 664,320 870,817 1026 A AVE NE SERVICES CEDAR RAPIDS, IA 52402 42-1359640 METRO MRI CENTER LIMITED PARTNERSHIP PROVIDE MRI 615 VALLEY AND OTHER 1,499,952 600,876 ΙL N/A RELATED Νo Yes

RELATED

RELATED

RELATED

RELATED

RELATED

RELATED

RELATED

RELATED

RELATED

UNRELATED

RELATED

2,540,143

-41,070

3,314,858

931,816

255,765

448,732

3,310,383

175,377

110,738

244,306

59,770

92,541

1,416,839

3,461,181

3,357,708

3,500,259

1,397,476

7,115,889

118,891

1,715,230

26,600

171,967

318,508

Νo

Nο

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Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Νo

VIEW DRIVE

SUITE 102

MOLINE, IL 61265 36-3710164 MR ASSOCIATES

1455 SHERMAN

HIAWATHA, IA

MEDICINE LLC

WATERLOO, IA

1200 PLEASANT

DES MOINES, IA

2730 PIERCE

520 VALLEY

VIEW DRIVE

SUITE 300 MOLINE, IL 61265 36-4471903 REHABILITATION

THERAPY SERVICES LLC

PEORIA, IL 61603 81-0584193

SURGERY CENTER OF CEDAR RAPIDS

1075 FIRST **AVENUE SE** CEDAR RAPIDS, IA 52403 72-1550812 TRINITY BETTENDORF ORTHOPEDIC

MANAGEMENT COMPANY LLC

4500 UTICA

WEBSTER CITY,

IA 50595

CO-

01-0740062 WEST HOSPITAL ORTHOPEDIC

MANAGEMENT COMPANY LLC

1660 60TH

STREET WEST DES MOINES, IA 50266 27-1414600 WEST LAKES MEDICAL **EQUIPMENT LLC**

5950

321 WEST DES MOINES, IA 50266 26-3300536 WEST LAKES SLEEP CENTER

LLC

5950

UNIVERSITY

WEST DES MOINES, IA 50266 26-3193923

AVENUE SUITE 2 TESTING

UNIVERSITY

AVENUE SUITE

RIDGE RD BETTENDORF, IA

52722 27-2562753 TRI-WEBSTER LC

110

THE

LLC

CO-

SIOUX CITY, IA

STREET

51104 20-5895205 QUAD CITY AMBULATORY SURGERY CENTER LLC

1825 LOGAN AVE SPORTS

ROAD

52233 42-1260463 NE IA PHYSICAL THERAPY AND SPORTS

50703 20-2124978 ORTHOPAEDIC OUTPATIENT SURGERY CENTER LC

STREET

50309 42-1508092 PIERCE STREET SAME DAY SURGERY LC

MEDICAL

SERVICES

OWNAND

ATHLETIC

MEDICINE

TRAINING AND

AMBULATORY

AMBULATORY

AMBULATORY

AMBULATORY

ORTHOPEDIC

SERVICES

MEDICAL

PROPERTY

SURROUNDING

ORTHOPEDIC

SERVICE LINES

MANAGEMENT

MEDICAL

EQUIPMENT

SALES AND RENTAL

SLEEP DISORDER

DIAGNOSTIC

FACILITY

1610 COLLINS ST BUILDING AND

SERVICE LINES

ADMINISTRATIVE

SURGERY

CENTER

SURGERY

CENTER

416 ST MARKS CT REHABILATION THERAPY

SURGERY CENTER

SURGERY CENTER

UNIT

OPERATE MR

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N/A

METHODIST MEDICAL

ILLINOIS

CENTER OF RELATED

Yes No Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

59,770 Yes

Yes

(j)

or

50 000

(k)

33 970

33 330

50 000

50 000

50 000

60 030

50 000

50 000

50 000

20 000

50 000

50 000

%

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule	R, Part IV - Identi	fication of	f Related O	rganizat	ions Taxable as	s a Corporation	or Trust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
BROADBAND INC 1200 PLEASANT ST DES MOINES, IA 50309 27-3819741	INFORMATION TECHNOLOGY MGMT	IA	IHS	С	338,870	13,238,641	100 000
CHARITABLE REMAINDER UNITRUST #1	INVESTMENT	IA	SLHCF	Т			
CHARITABLE REMAINDER UNITRUST #2	INVESTMENT	IA	SLHCF	Т			
CHARITABLE REMAINDER UNITRUST #3	INVESTMENT	IA	SLHCF	Т			
CHARITABLE REMAINDER UNITRUST #6	INVESTMENT	IA	SLHCF	Т			
IOWA HEALTH SYSTEM 457 DEF COMP PLAN 1415 WOODLAND AVE 2ND FL DES MOINES, IA 50309 42-1435199	INVESTMENT	IA	IHS	т	266,087	4,546,270	100 000 %
METHODIST HEALTH VENTURES INC PO BOX 87 PEORIA, IL 61650 37-1140939	PHARMACY/OFFICE STAFFING	IL	мнѕс	С	868,566	2,437,393	100 000 %
MEDIMORE INC 1200 PLEASANT ST DES MOINES, IA 50309 42-1414390	MANAGED CARE	IA	IHS	С	210,170		100 000 %
METHODIST PHYSICIAN SERVICES INC PO BOX 87 PEORIA, IL 61650 36-3858550	MEDICAL SERVICES	IL	MHVI	С	11,908,671	1,305,915	100 000 %
PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 37-1288604	MANAGED MENTAL CARE	IA	RYC	С	506,534	435,657	100 000 %
PROVIDER RESOURCE MANAGEMENT INC PO BOX 87 PEORIA, IL 61650 37-1223550	RESOURCE MANAGEMENT	IL	MHSC	С		57,427	100 000 %
RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM INC 700 E UNIVERSITY AVE DES MOINES, IA 50316 26-1271143	PHYSICIANS MEDICAL	IA	CIHC	С	481,860	198,055	57 000 %
STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA 52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	SLMH	С	322,129	5,577,505	100 000 %
TRIMARK PHYSICIANS GROUP INC 802 KENYON ROAD FORT DODGE, IA 50501 42-1335554	MEDICAL CLINICS	IA	тнѕ	С	44,216,247		100 000 %
TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL 61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	TRHS	С	3,295,832	2,957,465	100 000 %

Accountants' Report and Consolidated Financial Statements

December 31, 2011 and 2010



December 31, 2011 and 2010

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Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Directors Iowa Health System and Subsidiaries

We have audited the accompanying consolidated balance sheets of Iowa Health System and Subsidiaries (the Health System) as of December 31, 2011 and 2010 and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Health System's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Iowa Health System and Subsidiaries as of December 31, 2011 and 2010 and the results of their operations, changes in net assets and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America

As discussed in Note 1, in 2011 the Health System changed its method of presentation and disclosure of patient service revenue and provision for uncollectible accounts in accordance with Accounting Standards Update 2011-07

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules of the Health System and the statement of operations for the Methodist College of Nursing listed in the table of contents are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

April 19, 2012

BKD,LLP





Consolidated Balance Sheets December 31, 2011 and 2010

Assets

	2011	2010
	(in th	ousands)
Current Assets		
Cash and cash equivalents	\$ 96,536	\$ 80,121
Short-term investments	183,951	230,061
Assets limited as to use – required for current liabilities	11,914	11,443
Patient accounts receivable, less estimated uncollectibles,		
2011 - \$62,455, 2010 - \$43,507	344,880	255,702
Other receivables	43,277	20,271
Inventories	49,109	45,460
Prepaid expenses	30,409	21,005
Total current assets	760,076	664,063
Assets Limited As to Use, Noncurrent		
Held by trustee under bond indenture agreements	2,924	2,924
Internally designated	783,197	771,232
Total assets limited as to use, noncurrent	786,121	774,156
Property, Plant and Equipment, Net	1,257,472	943,349
Other Long-term Investments	348,581	205,434
Investments in Joint Ventures and Other Investments	54,665	36,264
Contributions Receivable, Net	61,189	54,141
Other	30,332	25,420
Total assets	\$ 3,298,436	\$ 2,702,827

Liabilities and Net Assets

	2011	2010
	(in t	housands)
Current Liabilities		
Current maturities of long-term debt	\$ 73.258	\$ 33,552
Accounts payable	128,153	72,266
Accrued payroll	127,908	111,608
Accrued interest	9,685	9,629
Estimated settlements due to third-party payers	67,348	39,024
Other current liabilities	55,284	38,681
Total current liabilities	461,636	304,760
Long-term Debt, Net	720,837	657,979
Other Long-term Liabilities	383,859	167,184
Total liabilities	1,566,332	1,129,923
Net Assets		
Unrestricted	1,627,211	1,484,242
Temporarily restricted	57,824	45,494
Permanently restricted	47,069	43,168
Total net assets	1.732,104	1,572,904
Total liabilities and net assets	\$ 3,298,436	\$ 2,702,827

Consolidated Statements of Operations Years Ended December 31, 2011 and 2010

	2011	2010			
	(in thousands)				
Unrestricted Revenues					
Patient service revenue (net of contractual allowances)	\$ 2,327,416	\$ 2,126,978			
Provision for patient uncollectible accounts	(93,586)	(96,333)			
Net patient service revenue	2,233,830	2,030,645			
Other operating revenue	140,273	105,565			
Net assets released from restrictions used for operations	6,064	8,376			
Total unrestricted revenues	2,380,167	2,144,586			
Expenses					
Salaries and wages	867,878	790,573			
Physician compensation and services	263,883	222,940			
Employee benefits	230,462	216,145			
Supplies	407,434	375,614			
Other expenses	377,559	324,686			
Depreciation and amortization	131,439	124,127			
Interest	30,936	32,239			
Provision for uncollectible accounts	818	632			
Total expenses	2,310,409	2,086,956			
Operating Income	69,758	57,630			
Nonoperating Gains (Losses)					
Investment income	(1,094)	117,427			
Contribution received in affiliation with Methodist Peoria	180,325	_			
Other, net	(37,068)	(9,587)			
Total nonoperating gains (losses), net	142,163	107,840			
Excess of Revenues Over Expenses	211,921	165,470			
Change in the fair value of interest rate swaps	(20,281)	(7,294)			
Net assets released from restrictions used for capital expenditures Change in defined benefit pension plan gains (losses)	5,705	4,948			
and prior costs (credits)	(53,479)	(1,987)			
Contributions of or for acquisition of property and equipment	245	1,061			
Other. net	(1,142)	1,163			
Increase in Unrestricted Net Assets	\$ 142,969	\$ 163,361			

Consolidated Statements of Changes in Net Assets Years Ended December 31, 2011 and 2010

		2011	2010		
	(in thousands)				
Unrestricted Net Assets					
Excess of revenues over expenses	\$	211,921	\$	165,470	
Change in the fair value of interest rate swaps		(20,281)		(7,294)	
Net assets released from restrictions used for capital expenditures		5,705		4.948	
Change in defined benefit pension plan gains (losses)					
and prior costs (credits)		(53,479)		(1.987)	
Contributions of or for acquisition of property and equipment		245		1,061	
Other, net		(1,142)		1,163	
Increase in unrestricted net assets		142,969		163,361	
Temporarily Restricted Net Assets					
Contribution received in affiliation with Methodist Peoria		8,635		-	
Contributions		12,734		3,908	
Investment income		1,549		1,546	
Government grants		3,674		723	
Net assets released from restrictions used for operations		(6.064)		(8,376)	
Net assets released from restrictions used for capital expenditures		(5,705)		(4,948)	
Change in net unrealized gains (losses) on investments		(411)		192	
Change in beneficial interest in net assets of affiliates		1.695		7,578	
Other, net		(3,777)		(138)	
Increase in temporarily restricted net assets		12,330		485	
Permanently Restricted Net Assets					
Contribution received in affiliation with Methodist Peoria		3,897		-	
Contributions		384		250	
Investment income (loss)		(357)		1,213	
Change in net unrealized gains (losses) on investments		(31)		163	
Change in beneficial interest in net assets of affiliates		7		139	
Other. net		1		32	
Increase in permanently restricted net assets		3,901		1,797	
Increase in Net Assets		159,200		165,643	
Net Assets, Beginning of Year		1,572,904		1,407,261	
Net Assets, End of Year	\$	1,732,104	\$	1,572,904	

Consolidated Statements of Cash Flows Years Ended December 31, 2011 and 2010

	2011	2010		
	(ın tho	usands)		
Operating Activities				
Increase in net assets	\$ 159,200	\$	165,643	
Items not requiring (providing) operating eash				
Net (gains) losses on investments	17.912		(103,686)	
Net unrealized losses on swaps	51.482		17.254	
Restricted contributions, investment income and government grants received	(17.984)		(7.640)	
Contributions of or for acquisition of property and equipment	(245)		(1.061)	
Depreciation and amortization	131.439		124,127	
Change in defined pension plans' liability	53,479		1.987	
Contribution received in affiliation with Methodist Peoria	(192.857)		-	
Amortization of debt issuance costs	430		375	
(Gain) loss on disposition of assets	1.494		(968)	
Equity in earnings of joint ventures	(18.635)		(16,795)	
Change in beneficial interest in net assets of affiliates	(1.702)		(7.717)	
Changes in				
Receivables	(44,478)		(13.101)	
Inventories and prepaid expenses	(12,727)		(4.103)	
Accounts payable, accrued liabilities and other liabilities	9.981		11.998	
Due to third-party pavers	580		(5.932)	
Net eash provided by operating activities	137.369		160,381	
Investing Activities				
Capital expenditures	(174,356)		(98.457)	
Proceeds from sale of assets	2.536		3.281	
Increase in assets limited as to use, net	(15.224)		(5,794)	
Acquisition of Des Moines Parking Associates, less cash acquired	-		(2.550)	
Cash acquired in affiliation with Methodist Peoria	27,082		-	
(Increase) decrease in short-term investments	46,110		(62.655)	
Increase in other long-term investments	(17.048)		(12.250)	
Investments in joint ventures	(2.613)		(343)	
Distributions received from joint ventures	18.985		15,807	
Net eash used in investing activities	(114,528)		(162,961)	
Financing Activities				
Proceeds from issuance of long-term debt	-		441	
Payments of long-term debt	(24.655)		(18.478)	
Proceeds from restricted contributions, investment income and government grants	17.984		7,640	
Proceeds from contributions for acquisition of property and equipment	 245		1.061	
Net eash used in financing activities	(6,426)		(9,336)	
Increase (Decrease) in Cash and Cash Equivalents	16.415		(11.916)	
Cash and Cash Equivalents, Beginning of Year	 80,121		92,037	
Cash and Cash Equivalents, End of Year	\$ 96,536	\$	80,121	

Consolidated Statements of Cash Flows (Continued) Years Ended December 31, 2011 and 2010

	2011		2010	
	(in thousands)			
Supplemental Cash Flows Information				
Interest paid (net of amount capitalized)	\$	32,307	\$	34,477
Capital lease obligations incurred for property and equipment		10,974		2,829
Property and equipment purchases in accounts payable		27,614		7,407
Acquisition of Des Moines Parking Associates				
Assets acquired		-		5.262
Liabilities assumed		-		2,725
Affiliation with Methodist Peoria				
Assets acquired		514,903		-
Liabilities assumed		322,046		-

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Organization

Iowa Health System is an Iowa nonprofit corporation formed in December 1994. Iowa Health System and its subsidiaries (the Health System) provide inpatient and outpatient care and physician services from fifteen hospital facilities and various ambulatory service and clinic locations in Iowa and Illinois. Primary, secondary and tertiary care services are provided to residents of Iowa. Illinois and adjacent states.

Basis of Presentation

The consolidated financial statements include the accounts of Iowa Health System and its subsidiaries listed below

- Central Iowa Health System and Subsidiaries (d/b/a Iowa Health Des Moines)
 (Des Moines)
- Trinity Regional Health System and Subsidiaries (Rock Island)
- Methodist Health Services Corporation and Subsidiaries (Peoria)
- St Luke's Healthcare and Subsidiaries (Cedar Rapids)
- Allen Health Systems, Inc. and Subsidiaries (Waterloo)
- Trinity Health Systems, Inc. and Subsidiaries (Fort Dodge)
- St Luke's Health System, Inc (Sloux City)
- Finley Tri-States Health Group, Inc. and Subsidiaries (Dubuque)
- Iowa Physicians Clinic Medical Foundation (d/b/a Iowa Health Physicians)
- Intrust (d/b/a Iowa Health Home Care)

Effective October 1, 2011, the Health System entered into an Affiliation agreement with Methodist Health Services Corporation (MHSC) under which MHSC became an affiliate of the Health System At December 31, 2011, \$513,021 of total assets and net revenues of \$89,832 for the three months ended December 31, 2011 have been recorded in the consolidated financial statements

All significant intercompany balances and transactions have been eliminated in consolidation

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Cash Equivalents and Short-term Investments

Cash equivalents consist of demand deposits, repurchase agreements, money market funds and other debt securities with original maturities of three months or less at the date of purchase, other than those included in assets limited as to use. Short-term investments consist of debt securities with maturities between 91 and 365 days of the balance sheet date.

At times, the Health System's cash accounts exceeded federally insured limits Management believes that these institutions are financially stable and that the credit risk related to deposits is minimal

Assets Limited as to Use

Assets limited as to use include amounts held by trustees under bond indenture agreements and related documents and assets internally designated by the Board of Directors for identified purposes and over which the Board of Directors retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities are classified as current assets

Inventories

Inventories consist of supplies and are stated at the lower of cost or market

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in fixed income securities are measured at fair value in the consolidated balance sheets. The fair values are based on quoted market prices or dealer quotes

Investments in joint ventures and other affiliates, which are more than 20% and not more than 50% owned, are recorded using the equity method. Other investments are reported at cost, as adjusted for permanent impairment in value, if any

Realized gains and losses from the sale of investments, interest and dividends, except those earned as a function of operations, and unrealized gains and losses on investments classified as trading securities and those carried at fair value pursuant to ASC Topic 825, are reported as non-operating gains (losses) unless restricted by a donor. Unrealized and realized gains and losses and investment income on investments restricted by donors are included as a component of the change in net assets.

The Health System elected the fair value option for its private investment funds (PIF) that are primarily limited liability corporations and partnerships. Management has elected the fair value option for the PIFs because it more accurately reflects the portfolio returns and financial position of the Health System. Gains and losses on investments subject to the fair value option are reported in investment income in non-operating gains (losses) on the accompanying consolidated statements of operations.

Refer to *Notes 5 and 13* for additional disclosures regarding balance sheet line items and fair value of those investments carried under Topic 825

Transfers in and out of Level 1 (quoted market prices). Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the actual transfer date

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Property, Plant and Equipment

Property, plant and equipment acquisitions are recorded at cost less accumulated depreciation. Depreciation is provided primarily using the straight-line method over the estimated useful lives of the assets. Depreciation of assets under capital lease is provided using the straight-line method over the shorter of the lease term or the estimated useful life of the assets. Donated property, plant and equipment are recorded at fair market value at the date of donation.

The Health System capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for a project, net of interest earned on investments acquired with the proceeds of the borrowing During 2011 and 2010, the Health System capitalized \$1,067 and \$242 of interest expense, respectively

Long-lived Asset Impairment

The Health System evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2011 and 2010

Other Assets

Other assets include certain patient records and other intangible assets that are stated at cost less accumulated amortization. In addition, other assets include goodwill. Annually, the Health System performs an impairment test of all goodwill and any identified impairment loss is recognized as expense. Other assets also include deferred financing costs, which are amortized over the period the obligation is expected to be outstanding. The Health System has \$3.804 and \$3.446 of goodwill at December 31, 2011 and 2010, respectively. Other intangible assets at December 31, 2011 and 2010 were \$18.710 and \$12.346, respectively, which are subject to amortization.

Net Assets

Net assets are classified into three mutually exclusive classes—unrestricted, temporarily restricted and permanently restricted. The three classes are based on the presence or absence of donor-imposed restrictions. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors in perpetuity. The expiration of donor restrictions is recorded in the period in which the restrictions expire.

Temporarily restricted net assets are generally restricted for capital expenditures, passage of time or other donor specified restrictions

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2011 and 2010

Excess of Revenues Over Expenses

Excess of revenues over expense transactions affecting unrestricted net assets are reflected in the consolidated statements of operations. Consistent with industry practice, the effective portion of derivative instruments qualifying for hedge accounting carried at fair value, change in defined benefit plans and contributions of long-lived assets (including assets acquired with donor-restricted cash contributions) are excluded from determination of the excess of revenues over expenses. Transactions related to temporarily or permanently restricted net assets are recorded as additions or deductions to net assets and reflected in the consolidated statements of changes in net assets. Non-controlling interest included as part of excess of revenues over expenses was \$1,058 and \$1,142 as of December 31, 2011 and 2010, respectively.

Change in Accounting Principle

In 2011, the Health System changed its method of presentation and disclosure of patient service revenue, provision for uncollectible accounts and the allowance for uncollectible accounts in accordance with Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts and Allowance for Doubtful Accounts for Certain Health Care Entities* The major changes associated with ASU 2011-07 are to reclassify the provision for uncollectible accounts related to patient service revenue to a deduction from patient service revenue and to provide enhanced disclosures around the Health System's policies related to uncollectible accounts. The provision for uncollectible accounts related to certain physician and home health services will continue to be presented in operating expenses for purposes of consolidation because the patient's ability to pay is assessed as part of initial revenue recognition. As a result of adopting ASU 2011-07, total net patient service revenue, total revenues and total expenses decreased by \$93.586 and \$96.333 for the years ended December 31, 2011 and 2010, respectively. The change had no effect on operating income or on prior year change in net assets

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is reported at the estimated net realizable amount primarily from patients and third-party payers for services provided, including retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period in which the related services are provided, and adjusted in future periods as final settlements are determined.

The Health System recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Health System recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Health System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Health System records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the accompanying statements of operations as a component of net patient service revenue.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

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 receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Health System analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts.

For receivables associated with services provided to patients who have third-party coverage, the Health System analyzes contractually due amounts and provides contractual allowances based on these amounts. Additionally, an allowance for uncollectible accounts is provided for expected uncollectible deductibles and copayments on accounts for which the patient is responsible. For receivables associated with self-pay patients, the Health System records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts

The Health System's allowance for uncollectible accounts increased from \$43.507 at December 31, 2010 to \$62.455 at December 31, 2011. Allowances associated with MHSC accounted for \$17.054 of the increase. The Health System's allowance for uncollectible accounts for self-pay patients was approximately 92% of self-pay accounts receivable at December 31, 2011 and 2010. The provision for patient uncollectible accounts for the year ended December 31, 2011 was \$93.586 (\$90.933 when excluding MHSC) compared to \$96.333 for the year ended December 31, 2010. The decrease in expense was a result of improved collection and recovery experiences in 2011.

Patient service revenue at established rates less third-party payer contractual adjustments (but before the provision for uncollectible accounts), recognized in the year ended December 31, 2011, was approximately

Third-party payers	\$ 2,113,093
Self-pay	214,323
Total	\$ 2,327,416

Charity Care

The Health System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Amounts determined to be charity care are not reported as revenue

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Functional Expenses

The Health System provides general health care services, including acute inpatient, outpatient, physician, ambulatory, long-term and home health care, and incurs related general and administrative expenses. Expenses related to providing these services for the years ended December 31 were as follows.

	2011	2010
General health care services	\$ 1.908.342	\$ 1,752,338
Management, general and administrative	399,386	331,733
Research	2,681	2,885
	\$ 2,310,409	\$ 2.086.956

Contributions and Beneficial Interest in Net Assets

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Donor-imposed restrictions are considered fulfilled as soon as the stipulated time has expired or the qualifying expenditure has been made. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions.

Contributions not expected to be collected within a year are recorded at the present value of expected future cash flows using a risk-free interest rate over the term of the contribution Contributions of property are recorded at fair value when received

Interest in charitable trusts and perpetual trusts is carried at the present value of expected future cash flows. The Health System's interest in the net assets (the Interest) of certain foundations that raise and hold assets on behalf of the Health System is accounted for in a manner similar to the equity method. The Interest is stated at fair value, and changes in the Interest are included in the change in net assets. Transfers of assets between these foundations and the Health System are recognized as increases or decreases in the Interest.

Estimated Malpractice Costs, Health Insurance and Workers' Compensation

An annual estimated provision is accrued for the self-insured portion of medical malpractice, health insurance and workers' compensation claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

In 2011, the Health System adopted the provisions of Accounting Standards Update (ASU) 2010-24. Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries, which eliminates the practice of netting claim liabilities with expected insurance recoveries for balance sheet presentation. Claim liabilities are to be determined without consideration of insurance recoveries. Expected recoveries are presented separately. Prior to the adoption of ASU 2010-24, accounting principles generally accepted in the United States of America required a health care provider to accrue only an estimate of the malpractice claims cost for both reported claims and claims incurred but not reported where the risk of loss had not been transferred to a financially viable insurer. There was no material impact of the ASU adoption to the Health System's financial statements

Interest Rate Swap Agreements

The Health System has entered into various interest rate swap agreements (the Swaps) to reduce the effect of changes in cash flows primarily related to interest rate fluctuations on the Health System's various variable rate demand bond issues. The Swaps were entered into for the risk management purpose of reducing the variability in cash flows related to the Health System's variable rate debt

As described in *Note 8*, the Health System has designated certain swaps as hedges, while other swaps have not been designated as hedging instruments. The effective portion of changes in the fair value of swaps designated as hedges is recognized as a component of other changes in net assets, while the ineffective portion of these swaps changes in fair value, and all changes in fair value of swaps not designated as hedges, is recorded as a component of nonoperating gains (losses) in excess of revenues over expenses

The Swaps are recognized on the consolidated balance sheets at fair value. The net cash payments or receipts under the Swaps designated as hedging instruments are recorded as an increase or decrease to interest expense. The net cash payments or receipts under the Swaps not designated as hedges are recorded as an increase or decrease to other nonoperating income (loss).

Income Taxes

Iowa Health System and most of its subsidiaries are classified as tax-exempt organizations as described in Sections 501(c)(3) and 501(c)(2) of the Internal Revenue Code (the Code). Tax-exempt organizations are not subject to federal and state income taxes on related income, pursuant to Section 501(a) of the Code. These organizations are subject to federal and state income taxes to the extent they have unrelated business income as described under provisions of Section 511 of the Code.

The Health System files Form 990 for substantially all of its operating entities in the U S federal jurisdiction and is no longer subject to examination by tax authorities for the years before 2008. The Health System has no material uncertain tax positions

Certain subsidiaries are subject to federal and state income taxes. Some of these corporations have accumulated net operating loss carry forwards that are available to offset future taxable income during the carry forward period. No income tax benefit has been recognized for the net operating loss carry forwards or other potential deferred tax assets in the consolidated financial statements because the Health System believes realization of these benefits is unlikely

Notes to Consolidated Financial Statements
(Dollars in Thousands)

December 31, 2011 and 2010

Retirement Plans

Substantially all employees meeting age and length of service requirements participate in defined contribution plans. Certain subsidiaries also have defined benefit plans, most of which have been substantially frozen. Pension costs for the defined benefit plans, which are composed of normal costs and amortization of prior service costs related to defined benefit plans, are funded currently

Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform to the 2011 financial statement presentation. These reclassifications had no effect on the change in net assets

Note 2: Affiliation with Methodist Peoria

On October 1, 2011, the Health System executed an affiliation agreement with MHSC, a not-for-profit health care organization operating as The Methodist Medical Center of Illinois, located in Peoria. Illinois The results of MHSC's operations have been included in the consolidated financial statements since that date. As a result of the affiliation, the Health System will have an opportunity to expand its service area into Central Illinois and further the mission and strategic goals of the Health System in the ever changing health care provider landscape. The Health System also expects that the affiliation will allow it to achieve cost savings through elimination of certain duplicative administrative and other functions. The affiliation was accomplished by the Health System becoming the sole member of MHSC and having the ability to appoint the board members of MHSC. No consideration was transferred for the net assets of MHSC, thus the fair value of unrestricted net assets received by the Health System is shown as contribution revenue in the consolidated statements of operations.

The Health System incurred \$787 of costs in connection with this affiliation. These costs are included in other expenses in the consolidated statements of operations.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The following table summarizes the fair value of the assets acquired and liabilities assumed recognized at the affiliation date

Recognized fair value of identifiable assets acquired and liabilities assumed

Current assets	\$	104,780
Property, plant and equipment		244,919
Noncurrent assets		165,203
Total assets		514,902
Current liabilities		89,268
Long-term debt		109,891
Long-term liabilities		122,886
Total liabilities		322,045
Total contribution received	\$	192,857
Summary of contribution received by net asset classification		
Unrestricted contribution received	\$	180,325
Temporarily restricted contribution received	•	8,635
Permanently restricted contribution received		3,897
Total contribution received	\$	192,857

The affiliation resulted in an inherent contribution received of \$192,857, which represents the net recognized amount of the identifiable assets acquired over the liabilities assumed. Acquisition of the unrestricted net assets has been included in contribution revenue in the consolidated statements of operations. The temporarily and permanently restricted net assets have been included as increases to those classes of net assets in the amounts of \$8,635 and \$3,897, respectively

MHSC contributed revenues of \$89.832, excess revenues over expenses of \$8.646, and changes in unrestricted, temporarily restricted, and permanently restricted net assets of \$3.177, \$356 and \$23 to the Health System for the period from the affiliation date through December 31, 2011. The following unaudited pro forma summary presents consolidated information of the Health System as if the affiliation had occurred on January 1, 2010.

	Year Ended Year En December 31, December 2011 2010			
Revenue Excess of revenues over expenses Change in	\$	2,647,365 20,192	\$	2,488,989 388,261
Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets		(72.740) 2.807 (6)		383,070 10,009 5,704

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Supplemental pro forma earnings for the year ended December 31, 2011 were adjusted to exclude \$3,719 of affiliation-related costs incurred by both the Health System and MHSC in 2011, \$2,467 of nonrecurring expense related to an adjustment to self-insurance liabilities, and \$4,000 of additional contribution revenue related to the fair value adjustment to joint ventures at the affiliation date. The 2010 supplemental pro forma earnings were adjusted to include these adjustments. The unaudited pro forma amounts are not indicative of what actual consolidated results of operations might have been if the affiliation had been effective at the beginning of 2010.

Note 3: Charity Care

The Health System provides charity care and financial assistance discounts for medically necessary health care services provided to persons who meet the Health System's policy. The policy provides a percentage discount to the patient that decreases at gradually higher income levels or higher levels of household net assets. The benchmark upon which the income level is compared to is the Federal Poverty Income Guideline and is updated annually. Patients who are already receiving benefits from certain identified government programs qualify for presumptive eligibility.

The availability of charity care is widely communicated to all patients and patients are notified prior to receiving services if their treatment does not fall within the guidelines of the policy. Amounts charged for care that is provided to individuals eligible for charity may not be more than the amounts generally billed to individuals who have insurance covering such care. Amounts billed are based on either the best, or an average of the three best, negotiated commercial rates, or Medicare rates.

Accounts that are classified by the Health System as charity care are not reported as net patient service revenue. In some cases, the charity care is subsidized by contributions from volunteer organizations or other donors. Charity care subsidies are not material to the consolidated financial statements.

Cost of charity care is calculated by applying hospital specific cost to charge ratios to the total amount of charity care deductions from gross revenue. The cost-to-charge ratio is calculated by taking the hospital total expenses and gross charges and applying adjustments to remove the cost of non-patient care activity. Medicaid provider taxes paid, identifiable community benefit expenses, as well as gross patient charges that are generated for identifiable community benefit services.

The amount of charity care provided at cost was \$39,045 and \$33,969 for the years ended December 31, 2011 and 2010, respectively. The portion of the increase related to the addition of MHSC was \$1,795 for the year ended December 31, 2011

Community benefit is also provided through reduced price services and free programs offered throughout the year. The Health System provides an array of uncompensated activities and services intended to meet the community health needs. These activities include wellness programs, community education programs and various health screening programs. The cost of providing these community benefit services is reported on Schedule H of the Health System's IRS Form 990.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 4: Third-Party Reimbursement

As a provider of health care services, the Health System generally grants credit to patients without requiring collateral or other security. The Health System routinely obtains assignments of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies. These health insurance programs or providers are commonly referred to as third-party payers and include the Medicare and Medicaid programs. Wellmark and various health maintenance and preferred provider organizations.

A major portion of the Health System's revenues is derived from these third-party payers. Significant changes have been made, and may be made, in certain of these programs, which could have a material, adverse impact on the financial condition of the Health System. These changes include federal and state laws and regulations, particularly those pertaining to Medicare and Medicaid.

The Health System has agreements with certain third-party payers that provide for payment of services at amounts different from established rates. Third-party payer payment rates vary by payer and include established charges, contracted rates less than established charges, prospectively determined rates per discharge, per procedure, or per diem, retroactively determined cost-based rates.

Gross patient service revenue (based on established rates) by payer for the years ended December 31 was as follows

2011	2010
43%	43%
12	11
21	21
19	19
5	6
100%	100%
	43% 12 21 19 5

Gross patient accounts receivable (based on established rates) by payer at December 31 was as follows

	2011	2010
Medicare	29%	32%
Medicaid	15	10
Wellmark	17	17
Commercial and other	26	27
Self-pay	13	14
	100%	100%

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2011 and 2010

Iowa Medicaid State Plan

In 2011, the state of Iowa enacted a Medicaid State Plan in which an annual tax assessment is levied on certain hospital providers in order to provide funding for Medicaid to obtain federal matching funds. A portion of these additional federal funds are then redistributed to participating Iowa hospitals through increased Medicaid payments in order to help bring Medicaid reimbursement closer to the cost of providing care. The allocation of these funds to specific health care providers is based primarily on the amount of care provided to Medicaid recipients.

The Health System's tax assessment and contribution during 2011 was \$16.566 and is included in operating expenses in the consolidated statements of operations. Additional Medicaid reimbursement in the same period was approximately \$28.738 and is included in net patient service revenue in the consolidated statements of operations, resulting in a net increase in operating income of \$12.172.

Illinois Medicaid State Plan

The Illinois Medicaid State Plan serves a similar purpose as the Iowa plan but has been in place since 2006. Under the amended Illinois Medicaid State Plan, proceeds from the tax assessment are used to obtain federal matching funds, all of which must be distributed to Illinois hospitals and physicians to help bring Medicaid reimbursement closer to the cost of providing care. The allocation of these funds to specific health care providers is based primarily on the amount of care provided to Medicaid recipients. The Health System's tax assessment and contribution in 2011 relate to Trinity Regional Health System and MHSC while in 2010 related to Trinity Regional Health System only

In 2011 and 2010, the Health System's tax assessment and contribution was \$10.632 and \$8.312, respectively, and is included in operating expenses in the consolidated statements of operations Additional Medicaid reimbursement in the same periods was approximately \$19.577 and \$14.375 and is included in net patient service revenue in the consolidated statements of operations, resulting in a net increase in operating income of \$8.945 and \$6.063 in 2011 and 2010, respectively

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible health systems that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under both the Medicare and Medicaid program are generally made for up to four years based on a statutory formula. The Medicaid programs are determined on a state by state basis, which are approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the Health System initially attesting to being a meaningful user of EHR technology and then continuing to meet escalating criteria, including other specific requirements that are applicable, for consecutive reporting periods. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The Health System recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period

In 2011, several of the Health System's affiliates completed the first-year requirements under the Medicaid program and the Health System has recorded revenue of \$9,789, which is included in other operating revenue in the consolidated statements of operations. The Medicaid program EHR funds are related to the implementation of EHR technology for the hospitals and physician groups. One affiliate completed the first-year requirements under the Medicare program during 2011 and has recorded revenue of \$1,362 in the same manner. The remaining affiliates of the Health System have not completed the initial attestation under the Medicare program and have not recorded any revenue pertaining to this program.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 5: Investments

Investment Summary

Short-term investments consist of debt securities, primarily bonds, and totaled \$183,951 and \$230,061 at December 31, 2011 and 2010, respectively

A summary of investments reported as assets limited as to use at December 31 is as follows

	2011	2010	
Held by trustees under bond indenture agreements			
Cash and short-term investments	\$ 2,887	\$ 2,874	
Mortgage-backed securities	37	50	
	2,924	2,924	
Internally designated			
Cash and short-term investments	13,686	12,085	
U S Treasury obligations	18,658	30,826	
U S Government agency obligations	6,625	15,168	
Asset-backed securities			
Home equity	14,398	9,507	
Other	5,455	2,117	
Mortgage-backed securities			
Government	48,191	26,199	
Non-government	33,280	31,548	
Certificates of deposit	474	474	
Corporate bonds	44,451	38,169	
Corporate bonds - PIF	155,250	139,008	
Equity securities			
Domestic	95,087	92,407	
International	34	-	
Equity securities - PIF			
Domestic	121,574	121,367	
International	59,729	69,351	
Mutual funds			
International	58,595	61,142	
Emerging markets	47,582	68,293	
Index	975	-	
Equity	665	-	
Fixed income	2,801	-	
Other	283	-	
Hedge fund of funds	66,189	63,607	
Interest receivable	1,129	1,407	
	795,111	782,675	
Total assets limited as to use	798,035	785,599	
Less amount required to meet current obligations	11,914	11,443	
Noncurrent portion of assets limited as to use	\$ 786,121	\$ 774,156	

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Assets held by trustee under bond indenture agreements are required to be held in separate trust accounts. A summary of these trust accounts aggregated by their required use at December 31 is as follows:

		2011		2010
Collateral and other accounts	\$	2,924	\$	2,924
Internally designated assets are summarized below based on their	r desi:	gnation at De	cembe	r 31
	•	_		
		2011		2010
Capital improvements	<u> </u>		\$	
		2011		2010

\$ 795.111 \$ 782.675

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Investments presented as other long-term investments at December 31 are summarized as follows

	2011	2010
Restricted cash and short-term investments	\$ 5.116	\$ 3,106
U S Treasury obligations	4,591	7,422
U S Government agency obligations	1,593	3,403
Asset-backed securities		
Home equity	3,293	2,084
Other	1,248	464
Mortgage-backed securities		
Government	11,024	5,841
Non-government	7,613	7.033
Corporate bonds	9,648	8,261
Corporate bonds - PIF	35,513	30,471
Equity securities		
Domestic	25,956	32,654
International	179	-
Equity securities - PIF		
Domestic	27,809	26,604
International	13,663	15,202
Mutual funds		
Domestic	19,659	15,419
International	26,878	14,547
Emerging markets	11,375	14,655
Index	2,217	-
Equity	29,718	-
Fixed income	65,126	-
Other	4,482	-
Hedge fund of funds	35,256	13,943
Notes receivable	15	-
Interest receivable	422	299
Insurance policies	4,199	4,026
Real estate	1,050	-
Interest rate swaps (see Note 8)	938	
Total other long-term investments	\$ 348.581	\$ 205,434

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The following schedule summarizes the investment return and its classification in the consolidated statements of operations and changes in net assets for the years ended December 31

	2011		2010	
Investment return				
Interest and dividends	\$	18,859	\$	18,802
Realized gains on sales of investments		31,383		53,890
Unrealized gains (losses) on trading investments		(55,890)		11,918
Unrealized gains (losses) on other than				
trading investments		(442)		355
Equity in earnings of joint ventures		18,635		16,795
Change in fair value of investments accounted for				
under the fair value option of FASB ASC Topic 825		7,037		37,523
	\$	19,582	\$	139,283
Investment return classification				
Unrestricted net assets				
Other operating revenue	\$	19,926	\$	18,742
Nonoperating gains (losses) – investment income		(1.094)		117,427
Temporarily restricted net assets		1,138		1,738
Permanently restricted net assets		(388)		1,376
	\$	19,582	\$	139,283

Private Investment Funds

At December 31, 2011 and 2010, 45% and 48%, respectively, of the Health System's investments were invested in PIFs whose portfolios are primarily invested in debt and marketable equity securities. These investments are included in either internally designated or other long-term investments in the investment summary tables (previously presented) based on the underlying investments. The amounts included in the investment summary tables at December 31 are as follows.

	 2011	2010
Corporate bonds	\$ 190,763	\$ 169,479
Equity securities	222,775	232,524
Hedge fund of funds	 101,445	77,550
	\$ 514.983	\$ 479,553

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The PIFs are primarily limited partnerships and limited liability companies, including three hedge fund-of-funds and one private equity fund. The underlying investments of these funds are primarily debt and marketable equity securities. The investment strategies for each fund vary but include low return volatility through tactical investment strategies, investing in growth or value securities for long-term growth and to earn a total rate of return in excess of rates of return compared to a standard index. The private equity fund has a strategy of investing in early-stage companies and entrepreneurs within the healthcare industry. There is no public market for shares in the private investment funds. The value of the investments in the PIFs is determined based on the fair values of the underlying securities.

In situations when investments do not have readily determinable fair values (private investment funds), the fund managers provide the net asset value (NAV) per share, or its equivalent, to the Health System. The NAV provided by the fund managers is supported by underlying audit reports of the private investment funds. The Health System previously adopted ASU 2009-12, which provided a practical expedient for certain investments to use net asset value per share to measure fair value. Accordingly, the Health System uses the NAV as a practical expedient for fair value for each of its PIFs.

The PIFs generally have certain limits regarding advance notice and timing of withdrawals. They generally require advance notice of at least two days prior to a month end to withdraw funds. One fund that represents about 16% of the private investment funds requires a 95-day notice to withdraw funds either quarterly or semiannually based on the initial purchase date of the investments. In addition, withdrawals may be limited by the PIFs underlying investment funds ability to liquidate their holdings.

During 2011, the Health System committed to investing \$10,000 in a PIF with a lock-up period of ten years. The Health System's interest is nonredeemable and the Health System has contributed a nominal amount to this investment as of December 31, 2011.

Investments in Joint Ventures

At December 31, 2011 and 2010, investments in joint ventures amounted to \$42,710 and \$26,327, respectively. The new joint ventures added in the affiliation with MHSC were \$14,107. Other investments consist primarily of cash surrender value of life insurance policies and real estate held for investment.

The joint ventures consist of 39 privately held health care organizations in which the Health System's ownership interest ranges from 18% to 50%. The joint ventures had the following financial information as of and for the years ended December 31.

	 2011		2010	
Total assets	\$ 160,253	\$	137,522	
Net revenues	151,325		139,626	
Net income	43,065		39,971	

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The Health System's share of earnings on the investments in joint ventures is included in other operating revenue in the consolidated statements of operations. The Health System recorded activity related to joint ventures for the years ended December 31 as follows.

		2010		
Earnings on investments in joint ventures	\$	18,635	\$	16,795
New investments in joint ventures		2,613		343
Distributions received from joint ventures		18,668		15,807

The Health System both purchases services and sells services and supplies to several joint ventures In 2011 and 2010, services purchased from joint ventures totaled \$11.016 and \$10.370, respectively Services and supplies sold to joint ventures in 2011 and 2010 were \$9.105 and \$7.261, respectively

Note 6: Property, Plant and Equipment

Property, plant and equipment are stated at cost and are summarized at December 31 as follows

	2011	2010
Land	\$ 95,753	\$ 52,940
Land improvements	64,770	43,758
Buildings, improvements and fixed equipment	1.547.915	1,362,863
Moveable equipment	1,007,797	864,826
	2,716,235	2,324,387
Less accumulated depreciation and amortization	1,504,900	1,413,950
	1,211,335	910,437
Construction/information systems installation		
in progress	46,137	32,912
Net property, plant and equipment	\$ 1.257.472	\$ 943.349

As of December 31, 2011 and 2010, the Health System has committed approximately \$123,272 and \$96,223, respectively, for costs related to various hospital construction and information systems projects. The Health System plans to fund the projects through internal funds

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 7: Long-term Debt

Long-term debt at December 31, 2011 and 2010 is summarized as follows

	-	Issuance			0044		0040
II (15 1, D D 1	Through	Туре	Rate (1)		2011		2010
Hospital Facility Revenue Bonds	2021	F 1	2.2007	d	-= 0.00	dh	
Senes 2011A	2021	Fixed	3 29%	\$	57.960	\$	-
Senes 2011B	2041	Variable	0.10%		51.220		-
Senes 2009A	2035	Variable	0 06%, 0 28%		52,860		54,375
Senes 2009B	2035	Variable	0 06%, 0 28%		52,860		54,375
Series 2009C	2035	Variable	1 16%, 1 16%		30,375		31.245
Series 2009D	2035	Variable	0 16%, 0 36%		56,445		58,065
Series 2009E	2039	Variable	0 16%, 0 36%		43,000		43,000
Series 2009F	2039	Fixed	5 00%		50,000		50,000
Series 2008A	2037	Fixed	2 5% - 5 625%		146,040		148,050
Series 2008	2028	Variable	13 45%, 13 16%		4.528		4.528
Series 2006	2031	Variable	0 25%, 1 34%		13,110		13,485
Series 2005	2031	Fixed	4 50%		3,622		3,722
Series 2005A	2035	Fixed	2 5% - 5 625%		192,540		198,060
Series 1985	2015	Fixed	4 40%		-		1.980
Senes 1985B	2015	Variable	0 14%, 0 27%		23,000		23,000
Total hospital facility revenue bonds					777,560		683,885
Capital lease obligations, due through 2015	5		0% - 10 16%		14.669		4,328
Other notes and mortgages			Various -		775		2.194
					793,004		690,407
Current maturities					(73.258)		(33,552)
Unamortized bond discount					1.091		1,124
Long-term portion				\$	720,837	\$	657.979

⁽¹⁾ Variable rates shown represent rates as of December 31, 2011 and 2010, respectively

The Series 2011 Bonds are obligations of MHSC that were issued prior to their affiliation with the Health System. The Methodist Medical Center of Illinois, a subsidiary of MHSC, is the sole obligor under the bond indenture, which requires the maintenance of certain financial ratios through the master trust indenture and letter of credit agreement (related to the variable rate demand bonds).

The Series 2009, 2008, and 2005 Bonds (collectively "the Bonds") are general obligations of the Health System and its affiliates. The Health System is required to meet certain operating and financial ratios contained in the master bond trust indenture, bond insurance agreements and bank letter of credit agreements (related to the variable rate demand bonds). The Bonds are subject to the provisions of amended and restated master trust indentures, which generally require monthly or quarterly deposits for principal and interest payments be made, and certain funds be maintained by the trustee for interest payment and bond retirement purposes

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The variable interest rates on substantially all of the bonds are adjusted daily or weekly by remarketing agents. The bonds may be tendered by the bond holders each interest rate period. The Health System maintains a combination of letters of credit and standby purchase agreements that can be drawn on should the bonds not be remarketed. The agreements will expire beginning in 2014 through 2016. The agreements are renewable, subject to trustee approval and at the option of the agreement providers, throughout the term of the bonds. Outstanding amounts under the agreements are due at the earlier of expiration of the agreements or over a period of three years commencing after an initial outstanding period of 366 days or more.

In December 2010, the Health System completed an interest rate mode conversion for the 2009C bonds converting the interest rate from a daily rate to an index rate. The interest rate modification was not considered a significant modification of terms, thus, all costs incurred from the mode conversion were expensed during the year. In 2010, a Direct Note Obligation for the 2009C bonds was issued to a financial institution, eliminating the supporting letter of credit requirement.

The \$50,000 of 2009F bonds outstanding are subject to a mandatory tender on August 14, 2012 and therefore are classified as current maturities within the consolidated balance sheet at December 31, 2011. The Health System is in the preliminary stages of developing a financing plan to cover any redemption required on bonds put to the Health System under exercise of the tender agreement.

Aggregate annual maturities of long-term debt during the years ending December 31 are as follows

	Matu Lette	celerated rities with r of Credit Terms	Scheduled Maturities Based on Loan Agreements			
2012	\$	73,258	\$	73,258		
2013	Ψ	186,875	Ψ	21,666		
2014		157,924		21,665		
2015		11,116		42,671		
2016		16,364		23,394		
Thereafter		347,467		610,350		
	\$	793,004	\$	793,004		

At December 31, 2011 and 2010, the Health System has included \$0 and \$17,097, respectively, in current maturities of long-term debt related to letters of credit and standby purchase agreements for related bonds that if not remarketed would require a payment within the next year

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 8: Interest Rate Swaps

Swaps Designated as Hedging Instruments

As a risk management strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Health System entered into the following interest rate swap agreements

		(Current	Health	Health			Fair \	/alue	•
Trade	Maturity	N	lotional	System	System	Accounting				
Date	Date Date Amount		Pays	Receives Treatment		2011		2010		
2005	2035	\$	192,540	3 5° o	62 4% of LIBOR + 29 bps	Cash Flow Hedge	\$	(37,026)	\$	(16,684)

In 2005, the Health System entered into three interest rate swap agreements, which effectively converted the Series 2005B variable rate bonds into fixed rate debt at a rate of 3 5% (4 1% including transaction costs). During 2009, these swaps were redesignated to hedge the Series 2009 A-D Bonds. The swap agreements have an aggregate notional amount of \$192,540 at December 31, 2011.

Management has designated the above interest rate swap agreements as cash flow hedging instruments, and has determined that these agreements are highly effective. The aggregate fair value of the swap agreements is recorded as a long-term liability of \$(37,026) at December 31, 2011 and \$(16,684) at December 31, 2010. The change in fair value of \$(20,342) and \$(6,819) for the years ended December 31, 2011 and 2010, respectively, is reported as part of the change in unrealized gains and losses on swaps. Interest, the net of what the Health System pays and receives under the two legs of the swaps, is settled monthly on each swap agreement and is reported as interest expense.

The Health System has provisions within certain interest rate swap agreements that would require it to post collateral should the negative fair value of the agreements exceed \$25,000 individually, the Health System's credit rating fall below Aa3 by Moody's or AA- by S&P, or the bond insurers rating fall below A- by S&P. As of December 31, 2011, the Health System has not been requested to post collateral under these agreements

The table below presents certain information regarding the Health System's interest rate swap agreements designated as cash flow hedges. The Health System has additional derivative instruments at December 31, 2011 and 2010 that are no longer designated as hedging instruments under ASC 815 (Derivatives and Hedging), as shown below

	 2011	2010		
Other Long-term Liabilities Fair value of interest rate swap agreements	\$ (37.026)	\$ (16,684)		
Unrestricted Net Assets Loss recognized in changes in unrealized gains				
and losses on investments (effective portion)	(20,342)	(6.819)		

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Other Swap Agreements

The Health System has also entered into the following interest rate swap agreements which are not designated as hedging instruments. The Health System has elected to carry these swaps as an investing activity, until such time that satisfactory termination value can be obtained, or their respective maturity date.

			Health	Health		Fair \	/alu	e
Trade	Maturity	Notional	System	System				
Date	Date	Amount	Pays	Receives	2011		2010	
2006	2030	\$ 60,000	100% of SIFM 4*	68 0° o of LIBOR + 59 2 bps*	\$	938	\$	-
2006	2037	143,000	3 8° o	61 9% of LIBOR + 31 bps		(42,529)		(20,531)
2006	2023	42,700	3 5	61 9% of LIBOR + 31 bps		(7.593)		(4.251)
2005	2035	64,180	3 3	62 4% of LIBOR + 29 bps	_	(11.312)	_	(4,758)
					\$	(60.496)	\$	(29.540)

^{*}Rate represents the terms of the swap agreement, as originated. The agreement has been amended for the period until November 15, 2014. Until that date, MHSC will not make a quarterly payment and will receive fixed quarterly payments of \$188.250. After that date, the terms revert back to the original contracted terms, which are as stated in the table above.

The aggregate fair value of the unhedged swap agreements are recorded as long-term investments of \$938 and \$0 and long-term liabilities of \$(61.434) and \$(29.540), as of December 31, 2011 and 2010, respectively. The change in fair value of \$(31.141) and \$(7.640) are included as a component of other income (loss) as of December 31, 2011 and 2010, respectively. Interest, the net of what the Health System pays and receives, is settled monthly or quarterly on each swap agreement and is reported as other income (loss).

In prior years, certain swap agreements previously designated as hedges by the Health System were deemed to be ineffective. The effective portion of these changes in fair value, previously deemed effective, is being amortized into other income (loss) over the remaining life of the swap. As of December 31, 2011 and 2010, \$(699) and \$(760) of net unrealized losses remain in net assets to be amortized and \$(61) and \$475 was amortized into other income (loss), respectively

In January 2010, the Health System terminated a swap agreement with a notional value of \$67,090, at a cost of \$(2,795) The Health System's counterparty also called swap agreements with a notional amount of \$80,760, in accordance with the agreement, in February 2010

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Other Swaps

	 2011	2010		
Other Long-term Investments Fair value of interest rate swap agreement	\$ 938	\$ -		
Other Long-term Liabilities Fair value of interest rate swap agreements	(61,434)	(29,540)		
Unrestricted Net Assets Change in unrestricted net assets amortizing into Other, net	61	(475)		
Nonoperating Other, Net				
Loss recognized in income from changes in				
fair value of interest rate swaps	(31,141)	(7,640)		
Gain (loss) recognized in income from amortization of				
unrecognized gains (losses) in unrestricted net assets	(61)	475		
Loss recognized in income from termination of				
interest rate swap	-	(2,795)		

Note 9: Related-Party Transactions

The Health System leases real estate from certain companies controlled by members of the Board of Directors of the Health System or its subsidiaries. Minimum payments under these operating leases are \$4.842 per year. The leases expire in various periods through 2021. Rent expense under these leases, including a pro-rata portion of certain operating expenses of the facilities, was \$4.915 and \$7.107 for 2011 and 2010, respectively. At December 31, 2011 and 2010, the Health System also had outstanding debt related to real estate capital lease obligations of \$10.963 and \$1.503, respectively. The Health System also leases real estate to physicians who may serve the Health System through board of director or medical director roles.

The Health System purchases a variety of services and products from companies affiliated with members of the Boards of Directors of the Health System and/or its subsidiaries. Services and products purchased from these affiliated companies during 2011 and 2010 totaled \$13.693 and \$13.382, respectively, of which \$4,902 and \$7.526, respectively, were related to construction project costs. In addition, the Health System purchases services from several joint ventures and sells services and supplies to several joint ventures in which the Health System is also an investor. The Health System believes these transactions are consummated under commercially reasonable business arrangements.

The Health System has recorded receivables for amounts held by nonconsolidated foundations on behalf of the Health System of \$41.527 and \$40.594 as of December 31, 2011 and 2010, respectively Contributions received from nonconsolidated foundations and other related parties were \$2.326 and \$3.562 in 2011 and 2010, respectively

Notes to Consolidated Financial Statements
(Dollars in Thousands)

December 31, 2011 and 2010

Note 10: Retirement Benefit Plans

Defined Contribution Retirement Plans

The Health System has several defined contribution benefit plans, which are available to substantially all employees meeting age and length of service requirements. Participating employers annually determine the amount, if any, of the Health System's contributions to the plan Total benefit expenses under the defined contribution plans were approximately \$46,250 and \$44,537 for 2011 and 2010, respectively. The Health System also has deferred compensation plans for certain employees. Total expenses under the deferred compensation plans were \$2,394 and \$2,534 for 2011 and 2010, respectively.

Defined Benefit Plans

Prior to 2001, substantially all employees of four of the Health System's subsidiaries were covered by noncontributory defined benefit pension plans, all of which have subsequently been frozen to new participants or terminated. The Health System's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Health System may determine to be appropriate from time to time.

Upon the affiliation with MHSC (Peoria) during the year, the Health System inherited their noncontributory defined benefit pension plan, which has been frozen to new participants since 2007. Pension benefits are based on compensation of employees and years of service and are actuarially determined. As part of the accounting for the affiliation transaction, unrecognized pension benefit costs in unrestricted net assets were eliminated as they will not be recognized through earnings on the Health System's financial statements.

The Health System expects to contribute \$15,592 to the plans in 2012

In 2010, the Sioux City affiliate completed its plan for termination and distribution of the assets in its defined benefit pension plan. The plan was terminated effective January 31, 2008. In December 2009, a determination letter was received from the IRS approving the termination.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The following tables set forth information about each defined benefit plan

	As of December 31, 2011							
	i	Des Moines		Cedar Rapids	w	aterloo		Peoria
Change in benefit obligation				,				
Benefit obligation, beginning of vear	\$	175,394	\$	106,552	\$	53,275	\$	219.916 *
Service cost		3,941		116		353		1,320
Interest cost		10,313		6.271		3,126		2,870
Actuarial loss		20,639		15.580		6,111		8,417
Benefits paid		(8.682)		(3.956)		(1.849)		(1.464)
Benefit obligation, end of vear		201,605		124,563		61,016		231,059
Change in fair value of plan assets								
Fair value of plan assets, beginning of vear		181,094		89,605		50,064		118.836 *
Actual return on plan assets		9,639		3,730		3,951		5,441
Employer contributions		7.275		4.939		3,300		1.582
Benefits paid		(8,682)		(3.956)		(1.850)		(1.464)
Fair value of plan assets, end of vear		189,326		94,318		55,465	_	124,395
Funded status, end of vear	\$	(12.279)	\$	(30,245)	\$	(5,551)	\$	(106,664)
Accumulated benefit obligation	\$	201,605	\$	124,349	\$	61,016	\$	206,435
*As of October 1, 2011								
Liabilities recognized in the balance sheets								
Noncurrent liabilities	\$	(12.279)	\$	(30,245)	\$	(5.551)	\$	(106,664)
Amounts recognized in unrestricted net assets but not yet recognized as components of net periodic benefit cost								
Net loss	\$	36,115	\$	47,394	\$	18,205	\$	5,569
Net prior service cost (credit)		42		-		(4.476)		-
	\$	36,157	\$	47,394	\$	13,729	\$	5,569
Amounts expected to be recognized								
within one year								
Net loss	\$	1,994	\$	3,882	\$	1.567	\$	-
Net prior service cost (credit)		42				(651)		
	\$	2,036	\$	3,882	\$	916	\$	
Other changes in plan assets recognized in changes in net assets								
Net loss	\$	25,240	\$	18.976	\$	6,087	\$	5,569
Amortization of								
Net loss		-		(2.166)		(859)		-
Prior service (cost) credit		(46)		<u> </u>		651 [°]		
Total recognized in changes in net assets	\$	25,194	\$	16,810	\$	5,879	\$	5,569

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

		Des	A	s of Decem	nber 3	1, 2011		
	N	loines		Rapids	w	aterloo		Peoria
Weighted-average assumptions used to determine benefit obligations for the year ended December 31, 2011				•				
Discount rate Rate of compensation increase		5 00° o 4 00° o		5 00° o 5 00° o		5 00° o N A		5 00° o 3 25° o
Weighted-average assumptions used to determine benefit costs for the year ended December 31, 2011								
Discount rate		6 00° o		6 00° o		6 00° o		5 25° o
Expected return on plan assets		8 000 0		8 00° o		8 00° o		8 50° o
Rate of compensation increase		4 00° o		NΑ		NΑ		3 25° o
Components of net periodic benefit cost								
Service cost	\$	3.941	\$	116	\$	353	\$	1.320
Interest cost		10,313		6.271		3.126		2.870
Expected return on plan assets		(14.239)		(7,126)		(3.928)		(2.594)
Amortization of prior service cost (credit)		46		-		(651)		-
Recognized net actuarial loss				2,166		859		-
Net periodic benefit cost (benefit)	\$	61	\$	1.427	\$	(241)	\$	1.596
		Des	A	s of Decem	nber 3	1, 2010		Sioux
		loines		Cedar Rapids	w	aterloo		City
Change in benefit obligation		loines		Rapids			•	City
Benefit obligation, beginning of vear	<u> </u>	158.490	\$	Rapids 97.288	W \$	48,520	\$	
Benefit obligation, beginning of veai Service cost		158.490 3.530		97.288 122		48.520 489	\$	City
Benefit obligation, beginning of veai Service cost Interest cost		158.490 3.530 9.966		97,288 122 6,203		48.520 489 3.104	\$	City
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss		158.490 3.530 9.966 10.442		97.288 122 6.203 6.607		48.520 489 3.104 2.793	\$	13.422 - - -
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid		158.490 3.530 9.966		97,288 122 6,203		48.520 489 3.104	\$	City
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss		158.490 3.530 9.966 10.442 (7.034)		97.288 122 6.203 6.607 (3.668)		48.520 489 3.104 2.793 (1.680)	\$	13.422 - - -
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear		158.490 3.530 9.966 10.442 (7.034)		97.288 122 6.203 6.607 (3.668)		48.520 489 3.104 2.793 (1.680) 49	\$	13.422 - - -
Benefit obligation, beginning of veat Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of veat		158.490 3.530 9.966 10.442 (7.034)		97.288 122 6.203 6.607 (3.668)		48.520 489 3.104 2.793 (1.680) 49	\$	13.422 - - -
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets		158.490 3.530 9.966 10.442 (7.034)		97.288 122 6.203 6.607 (3.668)		48.520 489 3.104 2.793 (1.680) 49 53.275	\$	13.422 - - - (13.422) -
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets Actual return on plan assets		158.490 3.530 9.966 10.442 (7.034) - 175.394		97.288 122 6.203 6.607 (3.668) - 106.552		48.520 489 3.104 2.793 (1.680) 49 53.275	\$	13.422 - - - (13.422) -
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets Earl value of plan assets Employer contributions Benefits paid		158.490 3.530 9.966 10.442 (7.034) - 175.394		97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532		48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427	\$	13.422 (13.422) (13.474)
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets Earl value of plan assets Employer contributions		158.490 3.530 9.966 10.442 (7.034) - 175.394 166.024 21.104 1.000		97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532 3.633		48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427 3.300	\$	13.422 (13.422)
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets Employer contributions Benefits paid Settlement		158.490 3.530 9.966 10.442 (7.034) - 175.394 166.024 21.104 1.000 (7.034)		97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532 3.633 (3.668)		48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427 3.300 (1.680)	\$ 	13.422 (13.422) (13.474)
Benefit obligation, beginning of vear Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of vear Change in fair value of plan assets Fair value of plan assets, beginning of vear Actual return on plan assets Employer contributions Benefits paid Settlement Fair value of plan assets, end of vear	\$	158.490 3.530 9.966 10.442 (7.034) 	\$	97.288 122 6.203 6.607 (3.668) 	\$	48,520 489 3,104 2,793 (1,680) 49 53,275 44,017 4,427 3,300 (1,680)	<u></u>	13.422 (13.422) (13.474)
Benefit obligation, beginning of year Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of year Change in fair value of plan assets Fair value of plan assets Fair value of plan assets Employer contributions Benefits paid Settlement Fair value of plan assets, end of year Funded status, end of year	\$	158.490 3.530 9.966 10.442 (7.034) - 175.394 166.024 21.104 1.000 (7.034) - 181.094 5.700	\$	97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532 3.633 (3.668) - 89.605 (16.947)	\$	48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427 3.300 (1.680) - 50.064 (3.211)	<u>s</u>	13.422 (13.422) (13.474)
Benefit obligation, beginning of year Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of year Change in fair value of plan assets Fair value of plan assets, beginning of year Actual return on plan assets Employer contributions Benefits paid Settlement Fair value of plan assets, end of year Funded status, end of year Accumulated benefit obligation Assets and liabilities recognized in the balance sheets	\$ \$ \$	158.490 3.530 9.966 10.442 (7.034) - 175.394 166.024 21.104 1.000 (7.034) - 181.094 5.700	\$ \$ \$	97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532 3.633 (3.668) - 89.605 (16.947)	\$	48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427 3.300 (1.680) - 50.064 (3.211)	<u>s</u>	13.422 (13.422) (13.474)
Benefit obligation, beginning of year Service cost Interest cost Actuarial loss Benefits paid Curtailment gain from freezing benefits Benefit obligation, end of year Change in fair value of plan assets Fair value of plan assets Fair value of plan assets Employer contributions Benefits paid Settlement Fair value of plan assets, end of year Actual return on plan assets Employer contributions Benefits paid Settlement Fair value of plan assets, end of year Accumulated benefit obligation Assets and liabilities recognized in the balance	\$	158.490 3.530 9.966 10.442 (7.034) - 175.394 166.024 21.104 1.000 (7.034) - 181.094 5.700	\$	97.288 122 6.203 6.607 (3.668) - 106.552 79.108 10.532 3.633 (3.668) - 89.605 (16.947)	\$	48.520 489 3.104 2.793 (1.680) 49 53.275 44.017 4.427 3.300 (1.680) - 50.064 (3.211)	<u>s</u>	13.422 (13.422) (13.474)

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

	As of Decembe Des Cedar					1, 2010	Sioux	
	N	/loines		Rapids	v	<i>l</i> aterloo	City	
Amounts recognized in unrestricted net assets but not yet recognized as components of net periodic benefit cost							<u>-</u>	
Net loss	\$	10,875	\$	30,584	\$	12.977	\$ -	
Net prior service cost (credit)	\$	10,963	\$	30,584	\$	(5.127) 7.850	\$ -	
Amounts expected to be recognized								
within one year								
Net loss	\$	_	\$	2,166	\$	859	\$ -	
Net piioi service cost (ciedit)		46		_		(651)	_	
	\$	46	\$	2,166	\$	208	\$ -	
Other changes in plan assets recognized in changes in net assets								
Net loss	\$	2,543	\$	2.375	\$	1.886	\$ -	
Prior service cost		-		-		49	-	
Amortization of								
Net loss		-		(2.174)		(590)	(2.995)	
Prior service (cost) credit		(46)		-		642	 -	
Total recognized in changes								
in net assets	\$	2.497	\$	201	<u>\$</u>	1.987	 (2.995)	
Weighted-average assumptions used to determine benefit obligations for the year ended December 31, 2010 Discount rate Rate of compensation increase		6 ()()° o 4 ()()° o		6 ()()° ₀ 5 ()()° ₀		6 ()()° o N A	N A N A	
Weighted-average assumptions used to determine benefit costs for the year ended December 31, 2010 Discount rate Expected return on plan assets Rate of compensation increase	;	6 5()° o 8 ()()° o 4 ()()° o		6 50% o 8 ()()% o 5 ()()% o		6 5()° o 8 ()()° o N A	N A N A N A	
Components of net periodic benefit cost								
Service cost	\$	3,530	\$	122	\$	489	\$ -	
Interest cost		9,966		6.203		3,104	-	
Expected return on plan assets		(13.204)		(6,300)		(3.519)	-	
Amortization of prior service cost (credit)		46		-		(642)	-	
Recognized net actuarial loss				2,174		590	 2,995	
Net periodic benefit cost	\$	338	\$	2,199	\$	22	\$ 2.995	

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The Health System has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information

Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan agreement. The plan agreements permit investment in common stocks, corporate bonds and debentures. U.S. Government securities and other specified investments, based on certain target allocation percentages.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the plans to recognize potentially higher returns through a limited investment in equity securities. The target asset allocation percentages for 2011 and 2010 are as follows

	2011						
_	Des	Cedar					
_	Moines	Rapids	Waterloo	Peoria			
Not to exceed	20%	50%	25%	60%			
Not to exceed	80	50	75	25			
Not to exceed	_	_	_	15			
		2010					
_	Des	Cedar					
	Moines	Rapids	Waterloo				
_		_					
Not to exceed	20%	35%	35%				
Not to exceed	50	35	35				
Not to exceed	30	30	30				
	Not to exceed Not to exceed Not to exceed Not to exceed Not to exceed	Not to exceed 20% Not to exceed 80 Not to exceed - Des Moines Not to exceed 20% Not to exceed 50	Des Moines Cedar Rapids Not to exceed 20% 50% Not to exceed 80 50 Not to exceed - - Des Moines Cedar Rapids Not to exceed 20% 35% Not to exceed 50 35	Des Moines Cedar Rapids Waterloo Not to exceed 20% 50% 25% Not to exceed 80 50 75 Not to exceed - - - Des Moines Cedar Rapids Waterloo Not to exceed 20% 35% 35% Not to exceed 50 35 35			

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Plan assets are re-balanced quarterly At December 31, 2011 and 2010, plan asset allocations are as follows

	2011				2010		
	Des Cedar				Des	Cedar	
	Moines	Rapids	Waterloo	Peoria	Moines	Rapids	
Cash and short term investments	_	2° o	3° o	_	4° o	4° o	
U S Treasury obligations	_	8	10	_	13	12	
US Government agency obligations	_	10	12	_	2	2	
Asset-backed securities		- "			_	_	
Home equity	_	1	1	_	1	1	
Other	_	2	2	_	_	_	
Mortgage-backed securities							
Government	_	2	2	_	1	1	
Non-government	_	3	4	-	4	3	
Corporate bonds	11° o	27	34	_	25	12	
Corporate bonds - PIF	69	_	6	=	-	1	
Equity securities							
Domestic	3	7	3	-	2	3	
Equity securities - PIF							
Domestic	8	17	10	-	8	17	
International	3	6	3	-	3	6	
Mutual funds							
Domestic	1	3	2	-	1	2	
International	3	6	4	13 00	4	6	
Emerging markets	2	5	3	-	3	5	
Equity	-	_	-	30	-	-	
Other	-	_	_	4	-	-	
Fixed Income	-	-	-	27	-	-	
Hedge fund of funds	-	-	1	26	-	-	
Interest receivable		1			29	25	
	1()()0 0	1()()° o	1()()° o	1()()° o	1()()° o	100° o	

Defined Benefit Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2011 and 2010

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include highly liquid U.S. Treasuries and exchange traded equities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include U.S. Government agency obligations, collateralized mortgage obligations, corporate bonds and PIFs. For these investments, the inputs used by the pricing service to determine the fair value include one or a combination of observable inputs, such as broker/dealer quotes, issuer spreads, benchmark securities, bid offers and reference data market research publications. In certain cases where Level 1 and Level 2 inputs are not available, plan assets are classified within Level 3 hierarchy. The plans have no Level 3 investments.

PIFs include interest in fixed income and equity security investment portfolios as well as alternative asset partnerships. PIFs are valued based on the Health System's proportionate interest in the fair value of the underlying investment assets held by the fund, adjusted to reflect risk associated with liquidity of their investment in the partnership, restrictions on transfer and other matters, if any. Interest in funds that consist of underlying securities with observable inputs, such as quoted market prices or quoted prices of securities with similar characteristics, are categorized as Level 2 of the fair value hierarchy.

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The fair values of the Health System's pension plans' assets at December 31, 2011 and 2010, by asset category are as follows

			2011					
			Fair Value Measurements Using					
		•	Quo	ted Prices				
			ir	in Active		gnificant		
			Markets for		Other		Significant	
			le	dentical	Ob	servable	Unobs	ervable
				Assets		Inputs	Inp	outs
	Fa	ir Value	(Level 1)	(1	Level 2)	(Le	/el 3)
Cash and short-term investments	\$	3,830	\$	457	\$	3.373	\$	_
U.S. Treasury obligations		12,717		_		12.717		_
U.S. Government agency obligations		15,490		_		15,490		_
Asset-backed securities								
Home equity		1,122		-		1,122		-
Other		2,707		-		2,707		_
Mortgage-backed securities								
Government		3.323		-		3,323		-
Non-government		5,158		-		5,158		-
Corporate bonds		64.543		46		64,497		-
Corporate bonds - PIF		134,808		-		134,808		-
Equity securities								
Domestic		13,457		13.457		-		-
Equity securities - PIF								
Domestic		35,814		-		35,814		-
International		12,796		-		12,796		-
Mutual funds								
Domestic		6,639		6.639		-		-
International		29.358		29,358		-		-
Emerging markets		11.034		11.034		-		-
Equity		36,856		36,856		-		-
Other		5,415		5.415		-		-
Fixed income		34.277		34,277		-		-
Hedge fund of funds - PIF		33,124				33,124		
	\$	462,468	\$	137.539	\$	324,929	\$	_

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

2010
Fair Value Measurements Using

			Fair Value Measurements Using					
	7			Quoted Prices				
			in	Active	Sig	gnificant		
			Ма	rkets for		Other	Siar	ificant
			ld	entical	Oh	servable	_	servable
				Assets		Inputs		puts
	Fa	air Value		evel 1)		_evel 2)		vel 3)
Cash and short-term investments	\$	11,706	\$	_	\$	11,706	\$	_
U.S. Treasury obligations		39,674		-		39,674		-
U.S. Government agency obligations		7,841		=		7,841		-
Asset-backed securities								
Home equity		2,953		-		2,953		-
Other		1,276		-		1,276		_
Mortgage-backed securities								
Government		3.388		-		3,388		-
Non-government		11.643		-		11,643		-
Corporate bonds		62,775		235		62,540		-
Corporate bonds - PIF		2,866		-		2.866		-
Equity securities								
Domestic		7.940		7,940		-		-
Equity securities - PIF								
Domestic		35.714		-		35,714		-
International		14.978		-		14,978		-
Mutual funds								
Domestic		5.940		5,940		-		-
International		15,509		15,509		-		-
Emerging markets		13.354		13,354		-		-
Hedge fund of funds - PIF		81.586				81.586		_
	\$	319,143	\$	42,978	\$	276,165	\$	-

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of December 31, 2011

2012	\$ 21.046
2013	22,372
2014	24,667
2015	26,733
2016	28,371
2017 - 2021	182,412

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Note 11: Risk Management

The Health System's hospitals are primarily self-insured for professional and general liability for amounts of \$5,000 per claim and \$25,000 in the aggregate annually. Professional and general liability insurance coverage is maintained on a claims-made basis, with a liability limit of \$25,000. Other entities of the Health System maintain their professional and general liability coverage on a claims-made basis with no significant deductibles.

The Health System is primarily self-insured for workers' compensation and employee health care claims. Workers' compensation claims individually and in the aggregate that exceed certain amounts are covered by insurance.

Property insurance is maintained with at least 90% replacement value coverage and minimal deductibles. Business interruption insurance coverage is also maintained by the Health System.

The Health System has accrued as other liabilities \$72,724 and \$50,241 for self-insured losses at December 31, 2011 and 2010, respectively. As the Health System adopted ASU 2010-24 in 2011 (see Note 1), the liabilities are presented on a gross basis as of December 31, 2011 and the Health System has recorded the expected offsetting insurance recoveries as a receivable. The accrued liabilities are based on management's evaluation of the merits of various claims, historical experience and consultation with external insurance consultants and actuaries, and include estimates for incurred but not reported claims. There can be no assurance that the accrued liabilities will be sufficient for the ultimate amounts that will be paid for claims and settlements. Also, in the ordinary course of business, the Health System is involved in other litigation and claims, none of which management believes will ultimately result in losses that will adversely affect the Health System's consolidated net assets or results of operations to a material degree

Cash and investments have been internally designated to be held for payments of claims, if any, which may result from the self-insured or uninsured portion of liability insurance and workers' compensation claims. At December 31, 2011 and 2010, the cash and investments amounted to \$37,049 and \$32,803, respectively.

Note 12: Lease Commitments

Certain property and equipment is being leased under long-term noncancelable operating leases. In most cases, management expects that, in the normal course of operations, the leases will be renewed or replaced by other leases. The total rent expense under operating leases during 2011 and 2010 was \$46,499 and \$41,629, respectively

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

The following is a schedule by year of future minimum rental payments required under noncancelable operating leases that have initial or remaining noncancelable lease terms in excess of one year as of December 31, 2011

2012	\$ 33,980
2013	25,436
2014	16,967
2015	12,046
2016	8,874
Thereafter	40,846
Total minimum payments required	\$ 138,149

Note 13: Disclosures About Fair Value of Financial Instruments

ASC Topic 820, Fair Value Measurements, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

- Level 1 Quoted prices in active markets for identical assets or liabilities
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in active markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Financial Instruments Measured at Fair Value on a Recurring Basis

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such instruments pursuant to the valuation hierarchy

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include highly liquid U.S. Treasuries, exchange traded equities and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include U.S. government agency obligations, collateralized mortgage obligations, corporate debt obligations and PIFs. For these investments, the inputs used by the pricing service to determine the fair value include one or a combination of observable inputs, such as broker/dealer quotes, issuer spreads, benchmark securities, bid offers and reference data market research publications. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include certain less liquid securities. The Health System has no Level 3 investments

PIFs include interests in fixed income and equity security investment portfolios as well as alternative asset partnerships. PIFs are valued based on the Health System's proportionate interest in the fair value of the underlying investment assets held by the fund, adjusted to reflect risk associated with liquidity of their investment in the partnership, restrictions on transfer and other matters, if any. Interest in funds that consist of underlying securities with observable inputs, such as quoted market prices or quoted prices of securities with similar characteristics, are categorized as Level 2 of the fair value hierarchy.

Quoted market prices were used to determine the fair value of Level 1 items. For Level 2 investments, inputs include maturity and coupon rates and/or closing prices of similar securities from comparable industry financial data, as well as private investment fund's net asset values.

Interest Rate Swap Agreements

The fair value of interest rate swap agreements are estimated by a third party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy

Beneficial Interests in Trusts

The fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Fair Value Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2011 and 2010

VIO		2011 Fair Value Measurements Using				
	_	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs		
	Fair Value	(Level 1)	(Level 2)	(Level 3)		
Financial Assets						
Cash and short-term investments	\$ 205,626	\$ 17,410	\$ 188.216	\$ -		
U S Treasury obligations	23.249	-	23.249	-		
U S Government agency obligations	8,140	-	8,140	-		
Asset-backed securities						
Home equity	17.691	-	17.691	-		
Other	6,703	-	6,703	-		
Mortgage-backed securities						
Government	59.252	-	59.252	-		
Non-government	40,893	-	40,893	-		
Certificates of deposit	474	474	=	-		
Corporate bonds	53.718	-	53.718	=		
Corporate bonds - PIF	190,763	-	190,763	-		
Equity securities						
Domestic	120,855	120,855	-	-		
International	135	135	-	-		
Equity securities - PIF						
Domestic	149,383	-	149,383	-		
International	73,392	-	73,392	-		
Mutual funds						
Domestic	19.659	19.659		-		
International	85,031	85,031	-	-		
Emerging markets	58.811	58.811	-	-		
Index	3,192	3,192	-	-		
Equity	30,383	30,383	-	-		
Fixed Income	67.927	67.927	-	-		
Other	4,780	4.780	-	-		
Hedge fund of funds - PIF	101,444		101,444	-		
Insurance policies	4.199	=	4,199	=		
Beneficial interests in trusts	11.521	-	11.521	-		
Financial Liabilities						
Interest rate swap agreements (net)	(97.522)		(97.522)			
	\$ 1.239.699	\$ 408.657	\$ 831,042	\$ -		

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

2010

	Fair Value Measurements Using						
	_	Quoted Prices					
		in Active	Significant				
		Markets for	Other	Significant			
		Identical	Observable	Unobservable			
		Assets	Inputs	Inputs			
	Fair Value	(Level 1)	(Level 2)	(Level 3)			
Financial Assets				<u>, , , , , , , , , , , , , , , , , , , </u>			
Cash and short-term investments	\$ 247,437	\$ 6.987	\$ 240,450	\$ -			
U S Treasury obligations	38,742	<u>-</u>	38,742	- -			
U S Government agency obligations	18,587	_	18,587	_			
Asset-backed securities							
Home equity	11.728	-	11,728	-			
Other	2.626	-	2,626	-			
Mortgage-backed securities							
Government	32,509	-	32,509	-			
Non-government	39,140	-	39,140	-			
Certificates of deposit	474	474	-	-			
Corporate bonds	46,631	-	46,631	-			
Corporate bonds - PIF	171,449	-	171.449	-			
Equity securities							
Domestic	124,520	124,520	-	-			
Equity securities - PIF							
Domestic	147.252	=	147.252	=			
International	84.292	-	84.292	-			
Mutual funds							
Domestic	15,419	15,419	-	-			
International	75.241	75,241	-	-			
Emerging markets	82.498	82.498	-	-			
Hedge fund of funds - PIFs	78.627	-	78.627	-			
Insurance policies	4.026	-	4.026	-			
Beneficial interests in trusts	5.487	-	5.487	-			
Financial Liabilities							
Interest rate swap agreements (net)	(46.224)		(46,224)				
	\$ 1,180,461	\$ 305,139	\$ 875.322	\$ -			

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Financial Instruments Not Measured at Fair Value

The fair value for certain financial instruments approximates the carrying value because of the short-term maturity of these instruments, which include cash and cash equivalents, short-term investments, receivables, accounts payable, accrued liabilities, estimated settlements due to third-party payers and other current liabilities

The carrying amount of the variable rate bonds and notes is assumed to approximate fair value. For the fixed-rate bonds, the estimated fair value is based on quoted prices for similar liabilities and is obtained from a financial institution that deals in these types of instruments. Other debt obligations are insignificant, and the carrying amounts are assumed to approximate fair value.

Estimates of fair values are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could affect the estimates. The fair market value of the Health System's financial instruments at December 31 approximates the carrying value except as follows.

	 201	1		2	010	
	 arrying Value		Fair Value	 arrying Value		Fair Value
Long-term debt, excluding capital leases	\$ 779,426	\$	803,109	\$ 687,203	\$	674.486

•

Temporarily restricted net assets are available for the following purposes or periods as of December 31

Note 14: Temporarily and Permanently Restricted Net Assets

	2011	2010
Purchase of equipment	\$ 7,555	\$ 6,257
Indigent care/operations	12,278	6,308
Health education	5,670	5,791
For use in future periods	3,433	6.629
Other	28,888	20,509
Total temporarily restricted net assets	\$ 57,824	\$ 45,494

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Permanently restricted net assets are restricted to the following as of December 31

	2011	2010
Investments (generally including net investment appreciation and depreciation) to be held in perpetuity (income is restricted)	\$ 24,875	\$ 24,904
Investments (generally including net investment appreciation and depreciation) to be held in perpetuity (income is restricted for various		
purposes as directed by the donors)	12,810	13,001
Other	 9,384	 5,263
Total permanently restricted net assets	\$ 47,069	\$ 43,168

Note 15: Asset Retirement Obligation

Accounting principles generally accepted in the United States of America require that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event. The Health System's conditional asset retirement obligations primarily relate to asbestos contained in various buildings. Environmental regulations in many of the states where the Health System operates require the Health System to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished.

A summary of changes in asset retirement obligations, which is included on the accompanying consolidated balance sheets in other long-term liabilities, during 2011 and 2010 is included in the table below

	2011	2010
Liability, beginning of year	\$ 12,108	\$ 11,910
Liabilities settled	(1.052)	(501)
Accretion expense	718	700
Liabilities assumed in affiliation with MHSC	1.024	-
Changes in estimates, including timing	 <u>-</u>	 (1)
Liability, end of year	\$ 12,798	\$ 12,108

Notes to Consolidated Financial Statements
(Dollars in Thousands)

December 31, 2011 and 2010

Note 16: Commitments and Contingencies

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Government activity has increased with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties as well as significant repayments of previously billed and collected revenues for patient services. The Health System has a corporate compliance plan intended to meet federal guidelines. As a part of this plan, the Health System performs periodic internal reviews of its compliance with laws and regulations. As part of the Health System's compliance efforts, the Health System investigates and attempts to resolve and remedy all reported or suspected incidents of material noncompliance with applicable laws, regulations or policies on a timely basis. The Health System believes that these compliance programs and procedures lead to substantial compliance with current laws and regulations.

The Health System is in various stages of responding to inquiries and investigations. These various inquiries and investigations could result in fines and/or financial penalties, which could be material. At this time, the Health System is unable to estimate the possible liability, if any, that may be incurred as a result of these inquiries and investigations, but the Health System does not believe it would materially affect the financial position of the Health System.

Guarantees

The Health System has guaranteed approximately \$13,236 and \$7,302 at December 31, 2011 and 2010, respectively, relating to long-term debt for the construction of two cancer centers, an endoscopy center, a medical office building that includes clinic and office space, and debt related to joint ventures

Employment Contracts

The Health System is committed for noncancelable physician employment contracts in the following amounts, prior to inflationary adjustments and bonuses based on future events

12,726	\$ 2012
980	2013
429	2014

Current Economic Conditions

The current protracted economic decline continues to present healthcare organizations with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, large declines in contributions and constraints on liquidity. The financial statements have been prepared using values and information currently available to the Health System

Notes to Consolidated Financial Statements (Dollars in Thousands) December 31, 2011 and 2010

Some of the Health System's patients are covered by government sponsored Medicare or Medicaid programs. The effect of the current economic conditions on government budgets may have an adverse effect on the cash flow from these programs.

Further, current economic conditions have made it difficult for certain of the Health System's other patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Health System's future operating results

Note 17: Subsequent Events

Subsequent events have been evaluated through April 19, 2012, which is the date the financial statements were issued

On January 6, 2012, the Health System entered into a revolving line of credit facility (Revolver) that provides for an aggregate principal amount of \$50,000 in borrowings and bears an interest rate of LIBOR plus 60 basis points for funds drawn against the facility Additionally, a facility fee of 10 basis points is required on the undrawn portion of the Revolver The maturity date of this facility is January 5, 2014

Iowa Health System and Subsidiaries Consolidating Schedule - Balance Sheet Information (In Thousands) December 31, 2011

Assets

	IHDM	TRHS	MHSC	SLHC	AHS	THS	SLHS	TRI ST	IHP	IHHC	IHS & Other	Eliminations	Consolidated
Current Assets Cash and cash equivalents Short-term investments Assets limited as to use - required for current liabilities	\$ 1356 8663 2631	\$ 16 693 43 276 3 320	\$ 20.517	\$ 17 790 40 711 2 638	\$ 4 114 12 248 1 222	\$ 11.557 9.685 712	\$ 7899 12229 1391	\$ 4 949 9 481	\$ 3 505 12 112	\$ 29 ⁻ 2 082	\$ 7859 33464	\$ -	\$ 96 536 183 951 11 914
Patient accounts receivable less estimated uncollectibles	88 4"5	51 490	56 "4"	48 186	23 136	16 968	20 428	12 880	10 99"	15 573			344 880
Other receivables Inventories	11 8 91 10 91	2 628 9 205	8 138 3 668	4 980	4 490 6 011	1 439 2 946	2 82" 3 388	2 205 2 132	-13 1 963	1 591 1 031	2 375		43 2 49 109
Prepaid expenses	2 341	1679	7 034	1872	866	496	-81 -81	512	609	39	14 180		30 409
Due from atfiliates	765	3.43	2	556	400	(237)	156	4-	13 800	233	40 623	56 688	
Total current assets	127 039	128 634	96 106	124 511	52 487	43 566	49 099	32 206	43 699	20 846	98 571	56 688	~60 0~6
Assets Limited As to Use noncurrent	2.024												2.021
Held by trustee under bond indenture agreements Internally designated	2 924 449 31 5	116 797	6 9 5 6	80 736	1.45	39 301	41 796	46 664			175		2 924 783 197
Total assets limited as to use noncurrent	452 239	116 797	6 956	80 736	1.457	39 301	41 796	46 664		-	175		786 121
Property Plant and Equipment net	280 258	143 837	248 920	164 013	100 498	71.457	66 862	4 - 88 -	6 81 3	6 30"	120 620		1 257 472
Other Long term Investments	42 2-1	1 815	139 806	19 576	84 826	12 895	1 105	197	23 328	16 183	6 5 7 9		348 581
Investments in Joint Ventures and Other Investments	28 ~28	5 887	13	15 523	7 171	3 122	11 458	4 325		556	32 615	68 49"	54 665
Contributions Receivable net	6 -86	1 749	5 497	31 396	3 105	1 937	3 874	6 845					61 189
Other	3 14"	2 796	1 959	2 004	3 823	849	-44	851	⁻ 69	13	13 3		30 332
Due From Affiliates					150			90			4"5 948	4~6 188	
Total assets	\$ 940,468	\$ 401,515	\$ 513,021	\$ 437,759	\$ 253,51	\$ 173,127	\$ 1~4,938	\$ 139,065	\$ 74,609	\$ 43,905	\$ 747,885	\$ 601,373	\$ 3,298,436
Liabilities and Net Assets													
Current Liabilities													
Current maturities of long-term debt Accounts payable	\$ 514 23.63	\$ 2 012 16 826	\$ 5.702 24.630	\$ 296 12.855	\$ 48 8 040	\$ 355 3.813	\$ 6383	\$ 3.601	\$ 3,604	\$ 2 681	\$ 64 331 22 083		\$ 73.258 128.153
Accounts payable Accrued payroll	30 911	16 539	9 2 7 9	21 834	10.978	6 812	5 812	4 180	8 484	5 2 081	7774	S 1	127 908
Accrued interest	12		2~6			419					8 9 8		9 685
Estimated settlements due to third-party payers	12 664	- 696	27 934	5 - 39 9 5 - 6	5 895	1 521	2 602	2 545	120	752	1 7/1	57.707	6~ 348
Due to affiliates Other current liabilities	19 603 7 452	8 616 - 0-4	13 041	5 583	6 919 4 " 91	1 486 2 543	5 923 2 690	1 2 ⁻ 6 2 206	428 8 01 1	1 096 823	1 764 1 070	56 687	55 284
Total current habilities	94 -93	58 -63	80 862	55 883	36 6 1	16 949	23 410	13 808	20.527	10 658	106 000	56 688	461 636
Long term Debt net	33.978	14 720	104 375	3	43	5.027					562 691		720 837
Other Long term Liabilities	39 592	12 030	131 371	39 196	14 042	11 096	6 489	1 498	18 909	860	108 6		383 859
Due to Affiliates	136 336	126 100		<u>~6316</u>	59 080	16 540	53.875	¯ 626		315		476 188	
Total liabilities	304 699	211 613	316 608	171 398	109 836	49 612	834	22 932	39 436	11 833	46-	532 876	1 566 332
Net Assets													
Unrestricted Temporarily restricted	611 8 ⁻³ 9 140	183 991 4 329	183 502 8 991	231 304 17 040	133 990 6 099	117 547 4 124	87 005 2 603	109 288 5 043	35 1 " 3	31 720 352	(29 685) 103	68 49"	1 627 211 57 824
Permanently restricted	9 140 14 ~56	1 582	8 991 3 920	18 017	6 1199 3 592	4 124 1 844	1 556	1 802		172	103		\ 824 4~069
Total net assets	635 769	189 902	196 41 3	266 361	143 681	123 515	91 164	116 133	35.173	32 072	(29 582)	68 497	1 732 104
Total habilities and net assets	\$ 940 468	\$ 401.515	\$ 513 021	\$ 437759	\$ 253.517	\$ 173127	\$ 174 938	\$ 139 065	\$ ~4 609	\$ 43.905	\$ 747 885	\$ 601373	\$ 3 298 436

Definitions

HDM - Iowa Health - Des Momes and Subsidiaries (Des Momes TRHS - Trimity Re_kional Health System and Subsidiaries (Rock Island

MHSC - Methodist Health Services Corp. and Subsidiaries (Peoria

SUHC - St. Luke's Healthcare and Subsidiaries (Cedar Rapids AHS - Allen Health Systems. Inc. and Subsidiaries (Waterloo THS - Trinity Health Systems. Inc. and Subsidiaries (Fort Dodge

SLHS - St. Luke's Health System. Inc. (Stoux City TRI-ST - Finley Tri-States Health Group. Inc. and Subsidiaries (Dubuque IHP - Iowa Health Physician

IHHC - Iowa Health Home Care

THS & Other - Towa Health System and other Subsidiarie

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands) Year Ended December 31, 2011

	IHDM	TRHS	MHSC	S LHC	AHS	THS	SLHS	TRI-ST	IHP	IHHC	IHS & Other	Eliminations	Consolidated
Revenue													<u> </u>
Patient service revenue (net of contractual allowances)	\$ 654 123	\$ 417 621	\$ 86.98"	\$ 349 182	\$ 205.954	\$ 139 791	\$ 152,295	\$ 93,213	\$ 143 231	\$ 86 004	\$ -	\$ 985	\$ 2,327,416
Provision for patient uncollectible accounts	(22 119)	(27 904)	(2.653)	(12.553)	(6.214)	(6.392)	(9 919)	(2 630)	(3.202)				(93.586)
Net patient service revenue	632 004	389 717	84 334	336 629	199 ~40	133 399	142.376	90 583	140 029	86 004	-	985	2 233 830
Other operating revenue	42 881	17 575	5 184	19675	10 574	10 332	7 366	5 739	15 471	2 407	170 120	167 051	140 273
Net assets released from restrictions used for operations	2 750	613	314	1 000	474	249				568	96		6 064
Total revenue	677 635	40" 905	89 832	357 304	210 788	143 980	149 742	96 322	155 500	88 979	170 216	168 036	2 380 167
Expenses													
Salaries and wages	241 455	132 403	28 848	129 763	70 098	49 853	51 175	34 142	42 586	4~ 300	40 289	34	867 878
Physician compensation and services	77 183	32 958	11 333	24 153	15 642	27 989	11 910	5 010	60 573	117		2 985	263 883
Employee benefits	60 758	40 08~	9 006	35 757	16.507	12 145	12 710	9 458	11 189	12 912	9 933		230 462
Supplies	118719	85 844	12 985	55 744	47 661	20 539	25 493	13 530	13 309	12 850	~60		40~ 434
Other expenses	115 085	84 602	17 642	68 694	35 832	28 457	31 ~~6	23 271	32 637	13 230	~1 990	145 657	377 559
Depreciation and amortization	34 568	16 590	6 6 1 1	17 584	12 392	6 447	7 262	5.782	2 033	1 893	20 277		131 439
Interest	8 192	~ 213	664	3 971	3 239	1 515	3 048	534		8~	28 501	26 028	30 936
Provision for uncollectible accounts	145			151	13		46	33		430			818
Total expenses	656 105	300 607	8" 089	335.817	201 384	146 945	143 420	91 760	162 327	88 819	171 750	174 704	2 310 409
Operating Income (Loss)	21 530	8 208	2 743	21 487	9 404	(2.965)	6.322	4 562	(6.827)	160	(1.534)	(6 668)	69 ~58
Nonoperating Gains (Losses)													
Investment income (loss)	(1.833)	(431)	4 910	(~19)	(1.148)	(885)	(371)	(491)	(365)	(117)	(75)	(431)	(1.094)
Contribution received in affiliation with Methodist Peoria			180 325										180 325
Other net	437	402	993	31	30	171	108	519	51		(39 810)		(37 068)
Total nonoperating gains (losses) net	(1.396)	(29)	186 228	(688)	(1.118)	(*14)	(263)	28	(314)	(117)	(39 885)	(431)	142 163
Revenue Over (Under) Expenses	\$ 20 134	\$ 8179	\$ 188 971	\$ 20 799	\$ 8 286	\$ (3.679)	\$ 6.059	\$ 4590	<u>\$ (* 141)</u>	\$ 43	\$ (41.419)	\$ (**099)	\$ 211 921

Definitions

IHDM - Iowa Health - Des Momes and Subsidiaries (Des Momes)
TRHS - Trimty Regional Health System and Subsidiaries (Rock Island)
MHSC - Methodist Health Services Corp and Subsidiaries (Peoria)
SLHC - St Luke's Healthcare and Subsidiaries (Cedar Rapids)

AHS - Allen Health Systems Inc. and Subsidiaries (Waterloo) THS - Trimity Health Systems. Inc. and Subsidiaries (Fort Dodge) SLHS - St. Luke's Health System. Inc. (Sioux City)

TRI-ST - Finley Tri-States Health Group Inc. and Subsidiaries (Dubuque)

IHP - Iowa Health Physicians

IHHC - Iowa Health Home Care

IHS & Other - Iowa Health System and other Subsidiaries

Iowa Health - Des Moines and Subsidiaries (Des Moines)
Consolidating Schedule - Balance Sheet Information
(In Thousands)
December 31, 2011

Assets

Assets	IHDM	CIHC			IHF	CIHP		IHP		Elir	nınatıons	Consolidated		
Current Assets							····							
Cash and cash equivalents Short-term investments	\$	- \$	31 8 663	\$	747	\$	578	\$	-	\$	-	\$	1 356 8 663	
Assets limited as to use - required for current liabilities			2 631										2 631	
Patient accounts receivable less estimated uncollectibles			88 475										88 475	
Other receivables			11 861		14		16						11 891	
Inventories			10 811		106		1-						10.917	
Prepaid expenses Due from attiliates			2 286 3 116		38		5 125				- 4-6		2 341 765	
Total current assets			127 874		905		5 736				7 476		127 039	
Assets Limited As to Use, noncurrent														
Held by trustee under bond indenture agreements			2 924										2 924	
Internally designated			387 737		61.578								449 31 5	
Total assets limited as to use noncurrent			390 661		61 578								452 239	
Property, Plant and Equipment, net			253 877		13		26 368						280 258	
Other Long-term Investments			9 084		33 187								42 271	
Investments in Joint Ventures and Other Investments			29 475		54		4 758		17 428		22 987		28 728	
Contributions Receivable, net					6 786								6 786	
Other			2 954				193						314	
Due From Affiliates			2 725								2 725			
Total assets	\$	- \$	816 650	\$	102 523	\$	37 055	\$	17 428	\$	33 188	\$	940 468	
Liabilities and Net Assets														
Current Liabilities														
Current maturities of long-term debt		\$	514									\$	514	
Accounts payable Accrued payroll			22 783 30 679	\$	232	\$	853						23 63 ⁻ 30 911	
Accrued payron Accrued interest			12		-3-								12	
Estimated settlements due to third-party payers			12 664										12 664	
Due to attiliates			24 482		95		2 502			\$	7 476		19 603	
Other current habilities	\$	_	- 22-		35		190	\$	-				7 452	
Total current liabilities			98 361		363		3 545				7 476		94 ~93	
Long-term Debt, net			33 978										33 978	
Other Long-term Liabilities			38 650		942								39 592	
Due to Affiliates			135 316				3 745				2 725		136 336	
Total liabilities			306 305		1 305		⁻ 290				10 201		304 699	
Net Assets														
Unrestricted			487 000		680		29 765		17 428				611.873	
Temporarily restricted			8 946		8 782						8 588		9140	
Permanently restricted Total net assets			14 399 510 345		14 756		29 765	-	1 - 428		14 399 22 987		14 T56 635 T69	
Total liabilities and net assets	<u> </u>	<u> </u>	816 650	<u> </u>	102 523	<u> </u>	37 055	\$	17 428	\$	33 188	\$	940 468	
M'''81'														

Definitions

IHDM - Iowa Health - Des Moines CIHC - Central Iowa Hospital Corporation CIHP - Central Iowa Health Properties Corporation IHP - Iowa Health Physicians IHDM portion

Iowa Health - Des Moines and Subsidiaries (Des Moines)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information

(In Thousands) Year Ended December 31, 2011

	II	IDM	CIHC	IHF	CIHP	IHP	Elu	minations	Co	onsolidated
Revenue										
Patient service revenue (net of contractual allowances)	\$	-	\$ 654.517	\$ -	\$ -	\$ -	\$	394	\$	654,123
Provision for patient uncollectible accounts			 (22,119)	 						(22,119)
Net patient service revenue			632,398					394		632,004
Other operating revenue			43,383		5,867	(225)		6.144		42,881
Net assets released from restrictions used for operations			2,739	11						2,750
Total revenue			678.520	11	5,867	(225)		6,538		677,635
Expenses										
Salaries and wages			240,279	1.114	62					241,455
Physician compensation and services			79,310					2,127		77,183
Employee benefits			60,454	281	23					60,758
Supplies			118,708	5	6					118,719
Other expenses		93	115,551	561	3,291			4,411		115,085
Depreciation and amortization			33,172	26	1,370					34,568
Interest			7,985		207					8,192
Provision for uncollectible accounts			145							145
Total expenses		93	655,604	1.987	4.959	-		6,538		656,105
Operating Income (Loss)		(93)	22.916	(1.976)	 908	(225)				21,530
Nonoperating Gains (Losses)										
Investment income (loss)			(2,860)	1,166	1	(140)				(1.833)
Other, net				437						437
Total nonoperating gains (losses), net			(2,860)	1,603	1	(140)				(1,396)
Revenue Over (Under) Expenses	\$	(93)	\$ 20,056	\$ (373)	\$ 909	\$ (365)	\$	_	\$	20,134

Definitions

IHDM - Iowa Health - Des Moines

CIHC - Central Iowa Hospital Corporation

IHF - Iowa Health Foundation

CIHP - Central Iowa Health Properties Corporation

IHP - Iowa Health Physicians IHDM portion

Trinity Regional Health System and Subsidiaries (Rock Island) Consolidating Schedule - Balance Sheet Information (In Thousands) December 31, 2011

Assets

Current Assets Cash and cash equivalents Cash and cash equivalents Short-term investments Assets limited as to use - required for current habilities Patient accounts receivable less estimated uncollectibles Other receivables Cities receivabl	- \$ 1 8 9659 9668	16 693 43 276 3 320 51 490 2 628 9 205 1 679 343 128 634 116 797 143 837 1 815 5 887 1 749
Short-term investments 42 454 7 816 Assets limited as to use - required for current habilities 3 320	9 659 9 668	43 276 3 320 51 490 2 628 9 205 1 679 343 128 634 116 797 143 837 1 815 5 887
Assets limited as to use - required for current habilities 3 3 20 Patient accounts receivable less estimated uncollectibles 43 5 76 Other receivables 2 4 7 6 1 151 Inventories 7 655 604 946 Prepaid expenses 2 1 4 0 1 41 223 Due from atthlates (15) 9 9 68 81 (32) Total current assets 503 124 640 7 6 2 2 7 10 106 Assets Limited As to Use, noncurrent Internally designated 12 40 9 7 038 2 242 5 110	9 659 9 668	3 320 51 490 2 628 9 205 1 679 343 128 634 116 797 143 837 1 815 5 887
Patient accounts receivable less estimated uncollectibles 43 576 445 7477 Other receivables 2 476 1 151 Inventories 7655 604 946 Prepaid expenses 2 1 402 11 41 223 Due from althilates (15) 9 968 81 (32) Total current assets 503 124 640 776 2 277 10 106 Assets Limited As to Use, noncurrent Internally designated 12 407 97 038 2 242 5 110	9 659 9 668	51 490 2 628 9 205 1 679 343 128 634 116 797 143 837 1 815 5 887
Other receivables 2476 1 151 Inventories 7655 604 946 Prepaid expenses 2 1 402 11 41 223 Due from attriliates (15) 9 968 81 (32) Total current assets 503 124 640 76 2 277 10 106 Assets Limited As to Use, noncurrent Internally designated 12 407 97 038 2 242 5 110	9 659 9 668	2 628 9 205 1 679 343 128 634 116 797 143 837 1 815 5 887
Inventories 7655 604 946 Prepaid expenses 2 1 402 11 41 223 Due from atfiliates (15) 9 968 81 (32) Total current assets 503 124 640 776 2 277 10 106 Assets Limited As to Use, noncurrent Internally designated 12 407 97 038 2 242 5 110	9 668	9 205 1 679 343 128 634 116 797 143 837 1 815 5 887
Due from altifilates (15) 9 968 81 (32) Total current assets 503 124 640 76 2 277 10 106 Assets Limited As to Use, noncurrent Internally designated 12 407 97 038 2 242 5 110	9 668	343 128 634 116 797 143 837 1 815 5 887
Total current assets 503 124 640 776 2 277 10 106 Assets Limited As to Use, noncurrent Internally designated 12 407 97 038 2 242 5 110	9 668	128 634 116 797 143 837 1 815 5 887
Assets Limited As to Use, noncurrent Internally designated 12.407 97.038 2.242 5.110		116 797 143 837 1 815 5 887
Internally designated 12 407 97 038 2 242 5 110	6 544	143 837 1 815 5 887
	6 5 4 4	143 837 1 815 5 887
Property, Plant and Equipment, net 129 819 497 13 521	6 544	1 815 5 887
	6 544	5 887
Other Long-term Investments 1 723 92	6 544	
Investments in Joint Ventures and Other Investments 2 721 8 700 (673) 183 1 500		1 ~49
Contributions Receivable, net 32 1 717		
Other 2323 473		2 796
Total assets <u>\$ 15.631</u> <u>\$ 364.243</u> <u>\$ (673)</u> <u>\$ 3.142</u> <u>\$ 2.957</u> <u>\$ 30.927</u> <u>\$ 1.500</u> <u>\$</u>	16 212 \$	401 515
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt \$ 2.012	\$	2 01 2
Accounts payable \$ 49 \$ 15 729 \$ - \$ 5 \$ 56 995 \$ - \$	8	16 826
Accrued payroll 648 13 359 23 100 2 409 Estimated settlements due to third-party payers 7 286 410		16 539 - 696
Due to attiliates 4111 8 589 301 219 5 056	9 660	8 616
Other current habilities 35 6129 16 (134) 1 028) (NA)	7 074
Total current habilities 4.843 51.092 3.45 2.41 11.910	9 668	58 763
Long-term Debt, net 14 720		14 720
Other Long-term Liabilities 11 365 73 592		12 030
Due to Affiliates 126 100		126 100
Total habilities 4.843 188.557 418 241 27.222	9 668	211 613
Net Assets		
Unestricted 10 788 172 006 (673) (1 385) 2 716 1 988 1 500	2 949	183 991
Temporarily restricted 2.324 2.527 1.717	2 239	4 329
Permanently restricted 1 356 1 582	1 356	1 582
Total net assets 10 788 175 686 (673) 2 724 2 716 3 705 1 500	6 544	189 902
Total liabilities and net assets \$ 15.631 \$ 364.243 \$ (673) \$ 3.142 \$ 2.957 \$ 30.927 \$ 1.500 \$	16 212 \$	401 515

Definitions

TRHS - Truuty Regional Health System

TMC - Trinity Medical Center

VNHA - Trinity Visiting Nurses and Homemakers Association

THF - Trinity Health Foundation

THE - Trinity Health Enterprises Inc

TM - Trinity Muscatine

IHP - Iowa Health Physicians TRHS portion

Trinity Regional Health System and Subsidiaries (Rock Island) Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands)

Year Ended December 31, 2011

	TI	RHS	TMC	,	NHA		THF	THE	TM	IHP	Elu	ninations	Cor	nsolidated
Revenue														
Patient service revenue (net of contractual allowances)	\$	-	\$ 354 277	\$	-	\$	-	\$ 6 739	\$ 56 615	\$ -	\$	10	\$	417 621
Provision for patient uncollectible accounts			(23 195)					 (126)	(4.583)					(27.904)
Net patient service revenue			331 082			'		6613	 52 032			10		389 717
Other operating revenue		353	18 065		(651)		20	34	3 009	(1.795)		1 460		17 575
Net assets released from restrictions used for operations			 3				610							613
Total revenue		353	349 150		(651)		630	6 647	55 041	(1.795)		1 470		407 905
Expenses														
Salaries and wages		372	111 431				345	1.550	18 705					132 403
Physician compensation and services			24 825						8 138			5		32 958
Employee benefits		70	33 906				81	443	5 677			90		40 087
Supplies		30	75 293				9	3 567	6 907			(38)		85 844
Other expenses		1 049	71 069				954	758	12 021			1 249		84 602
Depreciation and amortization			14 846					111	1 633					16 590
Interest			 6 969					 	 344			100		7 213
Total expenses		1 521	338 339				1 389	6 429	53 425			1 406		399 697
Operating Income (Loss)		(1 168)	 10 811		(651)		(759)	 218	 1 616	 (1.795)		64		8 208
Nonoperating Gains (Losses)														
Investment income (loss)		(220)	(82)		(22)		73		(55)	(20)		105		(431)
Other net							279	(49)	172					402
Total nonoperating gains (losses) net		(220)	(82)		(22)		352	(49)	117	(20)		105		(29)
Revenue Over (Under) Expenses	\$	(1.388)	\$ 10 729	\$	(673)	\$	(407)	\$ 169	\$ 1 733	\$ (1.815)	\$	169	\$	8 179

Definitions

TRHS - Trinity Regional Health System
TMC - Trinity Medical Center
VNHA - Trinity Visiting Nurses and Homemakers Association
THF - Trinity Health Foundation

THE - Trinity Health Enterprises Inc

TM - Trinity Muscatine

IHP - Iowa Health Physicians TRHS portion

Methodist Health Services Corporation and Subsidiaries (Peoria) Consolidating Schedule - Balance Sheet Information (In Thousands) December 31, 2011

Assets

				MMCI		MSI		MMCF		minations	- 0	nsolidated
Current Assets Cash and cash equivalents Patient accounts receivable less estimated uncollectibles	\$	2 441 85	\$	17 420 56 662	\$	63	\$	593	\$	-	\$	20 517 56 747
Other receivables		200		7 204		734						8 138
Inventories		502		3 166								3 668
Prepaid expenses		20		7 010				4				7 034
Due from affiliates Total current assets		3 295		2 592 94 054		797		597		2 637 2 637		96 106
Assets Limited As to Use, noncurrent Internally designated				6 956								6 956
Property, Plant and Equipment, net		161		172 144		76 615						248 920
Other Long-term Investments				124 427				15 379				139 806
Investments in Joint Ventures and Other Investments		344		29 069				139		15 775		13 777
Contributions Receivable, net				5 497								5 497
Other		122		1 837								1 959
Total assets	\$	3 922	\$	433 984	\$	77 412	\$	16 115	\$	18 412	\$	513 021
Liabilities and Net Assets												
Current Liabilities												
Current maturities of long-term debt	_		\$	5 702							\$	5 702
Accounts payable Accrued payroll	\$	143 476		24 320 8 803	\$	167						24 630 9 279
Accrued interest		+/0		8 803 276								276
Estimated settlements due to third-party pavers				27 934								27 934
Due to affiliates		776		47		1 814			\$	2 637		-
Other current liabilities				12 318		659	\$	64				13 041
Total current liabilities		1 395		79 400		2 640		64		2 637		80 862
Long-term Debt, net				104 375								104 375
Other Long-term Liabilities				131 095				276				131 371
Total liabilities		1 395		314 870		2 640		340		2 637		316 608
Net Assets		2 - 2 - 2		10/202		74 773		0.410		0.410		103.503
Unrestricted Temporarily by tripted		2 527		106 203 8 991		74 772		8 419 3 456		8 419 3 456		183 502 8 991
Temporarily restricted Permanently restricted				8 991 3 920				3 456 3 900		3 456 3 900		8 991 3 920
Total net assets	_	2 527	_	119 114	_	74 772	_	15 775		15 775		196 413
Total liabilities and net assets	\$	3 922	\$	433 984	\$	77 412	s	16 115	s	18 412	\$	513 021

Definitions

MHSC - Methodist Health Services Corporation MMCI - Methodist Medical Center of Illinois MSI - Methodist Services Inc MMCF - Methodist Medical Center Foundation

Methodist Health Services Corporation and Subsidiaries (Peoria)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands)

Three Months Ended December 31, 2011

	N	//HSC	MMCI	MSI	ľ	имсғ	Elim	ninations	Con	solidated
Revenue										
Patient service revenue (net of contractual allowances)	\$	219	\$ 87,233	\$ -	\$	-	\$	465	\$	86.987
Provision for patient uncollectible accounts			 (2.653)							(2,653)
Net patient service revenue		219	84,580					465		84,334
Other operating revenue		3.047	5,107	1.763		73		4.806		5.184
Net assets released from restrictions used for operations			 90			224				314
Total revenue		3,266	89,777	1.763		297		5,271		89,832
Expenses										
Salaries and wages		2.530	26,275			43				28.848
Physician compensation and services			11,333							11,333
Employee benefits		650	8,447	5		11		107		9.006
Supplies		2	12.981	2						12.985
Other expenses		148	20,901	1.409		348		5.164		17.642
Depreciation and amortization		7	5.919	685						6,611
Interest			678	(14)						664
Total expenses		3,337	86,534	2.087		402		5.271		87.089
Operating Income (Loss)		(71)	3,243	 (324)		(105)				2.743
Nonoperating Gains										
Investment income		1	4.560			349				4.910
Contribution received in affiliation with Methodist Peoria		2.597	102,632	75.096		8.114		8.114		180,325
Other, net			941			52				993
Total nonoperating gains, net		2.598	108,133	75,096		8,515		8.114		186,228
Revenue Over Expenses	\$	2,527	\$ 111,376	\$ 74,772	\$	8,410	\$	8,114	\$	188,971

Definitions

MHSC - Methodist Health Services Corporation

MMCI - Methodist Medical Center of Illinois

MSI - Methodist Services, Inc

MMCF - Methodist Medical Center Foundation

St Luke's Healthcare and Subsidiaries (Cedar Rapids) Consolidating Schedule - Balance Sheet Information (In Thousands) December 31, 2011

Assets

		SLMH		CARE	(CC-STL	5	TL-HR		JONES	CA	RDIO LC	STE	AM INC		IHP	EI	iminations	C	onsolidated
Current Assets Cash and cash equivalents Short-term investments Assets limited as to use - required for current habilities	\$	10 990 37 227 2 638	S	1 418	\$	331	\$	459	\$	4 583 3 484	\$	9	s	-	\$	-	s	-	\$	17 790 40 711 2 638
Patient accounts receivable less estimated uncollectibles		42.330		1 145		1 186				2 526		999								48 186
Other receivables		4 793						29		5		84		69						4 980
Inventories Prepaid expenses		~ 4~8 1 496		5~		68 15				232 69		205		30						1872
Due from affiliates		1 187		,		1,		1 498		09		3		182				2 3 1 4		556
Total current assets		108 139		2 620		1 600		1 986		10 899		1 300		281				2 3 1 4		124 511
Assets Limited As to Use noncurrent Internally designated		74 613								6 123										80 736
Property Plant and Equipment net		137 034		4 361		372		18		13 920		958		4 818				(6"3)		164 013
Other Long-term Investments		19 024						92				460								19 576
Investments in Joint Ventures and Other Investments		11 64~														9 ~04		5 828		15 523
Contributions Receivable		30 563								833										31 396
Other		1 039						202				763								2 004
Due From Affiliates		11 680						1 421	_									13 101		
Total assets	<u>s</u>	393 739	S	6 981	s	1 972	s	5 578	s	31 775	\$	3 481	S	5 099	s	9 704	s	20 570	s	437 759
Liabilities and Net Assets																				
Current Liabilities																				
Current maturities of long-term debt	_		\$	247	s	2	_		\$	47	_		_						\$	296
Accounts payable Accrued payroll	\$	11 425 18 715		323 308		249 287	\$	4		305 801	\$	291 1 723	\$	258						12 855 21 834
Estimated settlements due to third-party payers		4 331		200		_3 11				1 397		1 23								5 739
Due to atfiliates		11 253		75		55				507							\$	2.314		9 576
Other current habilities		5.027		111				335	_			110			\$	-				5 583
Total current habilities		50 751		1 064		604		339		3.057		2 124		258				2 314		55 883
Long-term Debt net						3														3
Other Long-term Liabilities		38 095						641				460								39 196
Due to Affiliates		77 736		340		4 681			_	6 660								13 101		76 316
Total liabilities		166 582		1 404		5 288		980	_	9 ~1~		2 584		258				15.415		171 398
Net Assets																				
Unrestricted		197 297		5 577		(3.316)		4 598		21 225		89~		4~~		9 704		5 155		231 304
Temporarily restricted Permanently restricted		11 843 18 017								833				4 364						17 040 18 017
Total net assets		227 157		5 5 7 7		(3.316)		4 598		22 058		89~		4 841	_	9 ~04		5 155		266 361
Total habilities and net assets	<u> </u>	393 739	\$	6 981	<u>s</u>	1 972	\$	5 578	\$	31 775	\$	3 481	\$	5 099	\$	9 704	s	20 570	<u>s</u>	437 759

Definition

SLMH - St. Luke's Methodist Hospital CARE - STL Care Compain CC-STL - Continuing Care Hospital STL STL-HR - STL Health Resources JONES - Jone- Regional Medical Center CARDIO LC - Cardiologists L C STEAM INC - St Luke's Coe Steam Inc IHP - Iowa Health Physicians SLHC portion

St Luke's Healthcare and Subsidiaries (Cedar Rapids)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands)

Year Ended December 31, 2011

	SLMH	C	ARE		CC-STL	ST.	L-HR	JONE'S	CA	RDIO LC	STEA	M INC		IHP	Elim	inations	Cor	solidated
Revenue																		
Patient service revenue (net of contractual allowances)	\$ 296 802	\$	11 210	8	7 032	S	-	\$ 20 494	\$	14 566	\$	-	S	-	S	922	\$	349 182
Provision for patient uncollectible accounts	 (11 435)				(36)			 (575)		(50")								(12.553)
Net patient service revenue	285 367		11/210		6 996			19 919		14 059						922		336 629
Other operating revenue	22 156		244		2		(424)	239		372		1.505		(540)		3 879		19 675
Net assets released from restrictions used for operations	 1 000																	1 000
Total revenue	 308 523		11 454		6 998		(424)	 20 158		14 431		1 505		(540)		4 801		357 304
Expenses																		
Salaries and wages	111 69"		5.447		2 729			5 6 5 1		4 069						(170)		129 763
Physician compensation and services	12 539		26		13			1 444		10 364						233		24 153
Employee benefits	32 093		792		484			1 502		858						(28)		35 757
Supplies	51 766		1.087		355			1 383		1.157		65				69		55 744
Other expenses	60 157		2 808		3 024		23	4 128		1 865		1.424				4 735		68 694
Depreciation and amortization	14 703		279		93		96	1 150		1 031		232						17 584
Interest	3 967		55		183			355		48						637		3 971
Provision for uncollectible accounts	 151																	151
Total expenses	 287 073		10 494		6 881		119	15 613		19 392		1 721				5.476		335.817
Operating Income (Loss)	 21 450		960		117		(543)	 4 545		(4 961)		(216)		(540)		(6"5)		21.487
Nonoperating Gains (Losses)																		
Investment income (loss)	(624)		3					(19)						(~9)				(~19)
Other net								31										31
Total nonoperating gains (losses) net	 (624)		3					12				-		(79)				(688)
Revenue Over (Under) Expenses	\$ 20 826	\$	963	\$	11~	S	(543)	\$ 4.557	s	(4 961)	S	(216)	S	(619)	s	(6"5)	\$	20 799

Definitions

SLMH - St. Luke's Methodist Hospital CARE - STL Care Company CC-STL - Continuing Care Hospital STL STL-HR - STL Health Resources

JONES - Jones Regional Medical Center CARDIO LC - Cardiologists L C STEAM INC - St Luke's Coe Steam Inc IHP - Iowa Health Physicians SLHC portion

Allen Health Systems, Inc. and Subsidiaries (Waterloo)
Consolidating Schedule - Balance Sheet Information
(In Thousands)
December 31, 2011

Assets

Assets		AHS		AMH	1	MFAH		ACN	IHP	1	ІННС	Elu	ninations	C	onsolidated
Current Assets		HIII						TC.11	1111		mic	Lin	illiation y		
Cash and cash equivalents Short-term investments Assets limited as to use - required for current habilities	\$	-	\$	3 432 12 245 1 222	\$	682 3	\$	-	\$ -	\$	-	\$	-	\$	4 114 12 248 1 222
Patient accounts receivable less estimated uncollectibles				23 136											23 136
Other receivables Inventories				4 066 6 011				424							4 490 6 011
Prepaid expenses				-66		1		99							866
Due from affiliates				580					 				180		400
Total current assets				51 458		686		523					180		52 487
Assets Limited As to Use, noncurrent Internally designated				1 381		- 6									1.457
Property, Plant and Equipment, net				100 498											100 498
Other Long-term Investments				388		6 634		804							84 826
Investments in Joint Ventures and Other Investments				4 204		1 038		3 ~41	6 541		(652)		01		7 171
Contributions Receivable				1 786		1 319									3 105
Other				3 823											3 823
Due From Affiliates				150					 						150
Total assets	\$	-	\$	240 688	\$	9 753	\$	5 068	\$ 6 541	\$	(652)	\$	⁻ 881	\$	253 517
Liabilities and Net Assets															
Current Liabilities															
Current maturities of long-term debt			\$	48 8 002			\$	201						\$	48
Accounts payable Accrued payroll				10.978			2	38							8 040 10 978
Estimated settlements due to third-party payers				5 895											5 895
Due to attiliates	\$	2		6.920	\$	3 1 5 6		(2 979)				\$	180		6 919
Other current habilities Total current habilities	-		_	4 1 36 614		3 168		(2 933)	\$ 	\$			180		4 791 36 671
Long-term Debt, net		-		43		5 100		(2)5557					1607		43
Other Long-term Liabilities				13 481		58		503							14 042
Due to Affiliates				59 080		0									59 080
Total liabilities	-		_	109 218		3 226		(2.430)	 				180		109 836
Net Assets				107 210		2()		(= 450)					100		102 030
Net Assets Unrestricted		(2)		125 520		(1.174)		3 757	6 541		(652)				133 990
Temporarily restricted				4164		5 895		1 935					5 895		6 099
Permanently restricted				1 786		1 806		1 806					1 806		3 592
Total net assets		(2)	_	131 470		6 527		⁻ 498	 6 541		(652)		7 701		143 681
Total liabilities and net assets	\$	-	\$	240 688	\$	9 753	\$	5 068	\$ 6 541	\$	(652)	\$	- 881	\$	253 517

Definitions

AHS - Allen Health System
AMH - Allen Memorial Hospital Corporation
MFAH - Memorial Foundation of Allen Hospital

ACN - Allen College of Nursing IHP - Iowa Health Physicians AHS portion IHHC - Iowa Health Home Care AHS portion

Allen Health Systems, Inc. and Subsidiaries (Waterloo)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information

(In Thousands)

Year Ended December 31, 2011

	 AHS	AMH	M	FAH	AC N	IHP	шнс	Elin	inations	Co	nsolidated
Revenue											
Patient service revenue (net of contractual allowances)	\$ -	\$ 205 954	\$	-	\$ -	\$ -	\$ -	\$	-	\$	205 954
Provision for patient uncollectible accounts		 (6 214)			 	 	 				(6.214)
Net patient service revenue		199 ~40									199 740
Other operating revenue		- 938		38	7 532	(4.267)	(640)		2~		10.574
Net assets released from restrictions used for operations		 281			193		 				4**4
Total revenue		207 959		38	7 725	(4 267)	(640)		2-		210 788
Expenses											
Salaries and wages		65 721		265	4112						70 098
Physician compensation and services		15 642									15 642
Employee benefits		15 349		80	1.105				2-		16 507
Supplies		47 486		8	167						47 661
Other expenses	38	34 447		197	1.150						35 832
Depreciation and amortization		12 392									12 392
Interest		3 230		9							3 239
Provision for uncollectible accounts		-			13						1.3
Total expenses	 38	194 267		559	6.547				2-		201 384
Operating Income (Loss)	 (38)	 13 692		(521)	 1 1 78	 (4 267)	 (640)				9 404
Nonoperating Gains (Losses)											
Investment income (loss)		(966)		(95)		(75)	(12)				(1.148)
Other net		 30					 				30
Total nonoperating gains (losses) net		(936)		(95)		(75)	(12)				(1 118)
Revenue Over (Under) Expenses	\$ (38)	\$ 12 ~56	\$	(616)	\$ 1 1 78	\$ (4 342)	\$ (652)	\$	_	\$	8 286

Definitions

AHS - Allen Health System

AMH - Allen Memorial Hospital Corporation

MFAH - Memorial Foundation of Allen Hospital

ACN - Allen College of Nursing

IHP - Iowa Health Physicians AHS portion

IHHC - Iowa Health Home Care AHS portion

Trinity Health Systems, Inc. and Subsidiaries (Fort Dodge)
Consolidating Schedule - Balance Sheet Information
(In Thousands)
December 31, 2011

Assets

Assets	THS	TRMC		вмнс	-	ГНБ		TBC	TR	IMARK	I	ннс	Eh	minations	Cou	nsolidated
Current Assets				D				1.00			-					
Cash and eash equivalents Short-term investments	\$ 185	٥	492 \$ 585	173	\$	040	\$	1 305	\$	2 300	\$	-	\$	-	\$	11 557 0 085
Assets limited as to use - required for current habilities Patient accounts receivable less estimated uncollectibles			712 100	188						3 011						-12 10 %8
Other receivables	230		325	100				(8)		3011						1 430
Inventories	22.0		130					107		510						2 940
Prepaid expenses	o		420	2				o		02						100
Due from atfiliates	(71)		353	11		24		8						2 002		(237)
Total current assets	350	35	502	3-4		0-0		1 3 1		0 0-1				2 002		43 500
Assets Limited As to Use, noncurrent Internally designated		20	153			10 148										39 301
Property, Plant and Equipment, net	100	50	10-	932		4		12 757		1 158						71.457
Other Long-term Investments	544					3 000				8 ~42						12 895
Investments in Joint Ventures and Other Investments	38 248	10	530									032		52 288		3 122
Contributions Receivable						1 937										1 937
Other	23		50							170						840
Due From Affiliates			90			220		12						328		
Total assets	\$ 39,004	\$ 138	134 \$	1,300	\$	10.888	\$	14,140	\$	1041	\$	632	\$	54 o 78	\$	173 127
Liabilities and Net Assets																
Current Liabilities		_													_	
Current maturities of long-term debt Accounts payable	\$ 8		355 172		\$	10	\$	20	\$	507					\$	355 3813
Accounts payable Accrued payroll	348		033	o 48	2)	12	ъ	8	2	2 703						0.812
Accrued interest	2.10		110	10				· ·		2 02						410
Estimated settlements due to third-party payers			38-	(300)												1 521
Due to affiliates	1 000		10_	380		430		43		8-			\$	2 002		1 480
Other current habilities Total current habilities			305 328	133		402		423		3 530	<u>s</u>			2 002		2 543
Long-term Debt, net	1 401		027	20		402		474		مور و				2 002		5027
Cong-term Debt, net Other Long-term Liabilities	032		988	34						8 ~42						11 0%
Other Long-term Liaminus Due to Affiliates	032	10		34 00						9 42				328		10 540
Total habilities	2 113		315	337		402		101		12 281				2 390		49 012
	2113		<u> </u>			402		191		12 281				2 390		49.017
Net Assets Unrestricted	37 551	No.	073	000		10 151		13 040		4 -00		032		40 235		117 547
Temporarily restricted	3 .4		300			4 431		12 040		4 00		0.52		4173		4 124
Permanently restricted			380			1 844								1 880		1 844
Total net assets	37 551	101	310	000		16 426		13 646		4 ~00		632		52 288		123 515
Total liabilities and net assets	\$ 39 004	\$ 138	134 \$	1 300	\$	16 888	\$	14 140	\$	1~041	\$	632	\$	54 o 78	\$	173 127

Definitions

THS - Trimity Health Systems
TRMC - Trimity Regional Medical Center
BMHC - Berryhill Mental Health Center
THF - Trimity Health Foundation

TBC - Trinity Building Corporation TRIMARK - Trimark Physicians Group IHHC - Iowa Health Home Care THS portion

Trinity Health Systems, Inc. and Subsidiaries (Fort Dodge) Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands) Year Ended December 31, 2011

	T	HS	•	ΓRMC	BMHC	THF	TBC	TR	IMARK	IHHC	Elim	ıınatıons	Cor	nsolidated
Revenue														
Patient service revenue (net of contractual allowances)	\$	-	\$	95 319	\$ 2 236	\$ -	\$ -	\$	42 236	\$ -	\$	-	\$	139 791
Provision for patient uncollectible accounts				(5.305)	(20)				(1067)					(6 392)
Net patient service revenue	•			90 014	2 216				41 169					133 399
Other operating revenue		3 072		6 567	77	26	2 123		4 507	(281)		5 759		10 332
Net assets released from restrictions used for operations				215		34_								249
Total revenue		3 072		96 796	2 293	 60	2 123		45 676	 (281)		5 759		143 980
Expenses														
Salaries and wages		1 968		36 349	1 168	119	202		10 047					49 853
Physician compensation and services				7 720	362				19 907					27 989
Employee benefits		483		8 391	267	29	55		2 920					12 145
Supplies		7		17 344	23	5	5		3 155					20.539
Other expenses		167		22 669	429	525	1 140		9 422			5 895		28 457
Depreciation and amortization		60		5.205	89	2	729		362					6 447
Interest				1.510	 5	 	 			 				1.515
Total expenses	-	2 685		99 188	2 343	680	2 131		45 813	 		5 895		146 945
Operating Income (Loss)		387		(2.392)	 (50)	 (620)	 (8)		(137)	 (281)		(136)		(2.965)
Nonoperating Gains (Losses)														
Investment income (loss)		2		(129)		(757)	3		6	(10)				(885)
Other net						171								171
Total nonoperating gains (losses) net		2		(129)	 	 (586)	3		6	 (10)				(714)
Revenue Over (Under) Expenses	\$	389	\$	(2.521)	\$ (50)	\$ (1 206)	\$ (5)	\$	(131)	\$ (291)	\$	(136)	\$	(3 679)

Definitions

THS - Trinity Health Systems
TRMC - Trinity Regional Medical Center
BMHC - Berryfull Mental Health Center
THF - Trinity Health Foundation

TBC - Trinity Building Corporation
TRIMARK - Trimark Physicians Group
IHHC - Iowa Health Home Care THS portion

St. Luke's Health System, Inc. (Sioux City)
Consolidating Schedule - Balance Sheet Information
(In Thousands)
December 31, 2011

Assets

	 SLHS	S	LRMC	SLHR		PACE	Elu	minations	Co	nsolidated
Current Assets										
Cash and cash equivalents	\$ 31	\$	7 197 12 229	\$ 638	\$	33	\$	-	\$	7 899 12 229
Short-term investments Assets limited as to use - required for current liabilities			13 339							12 229
Patient accounts receivable less estimated uncollectibles			19 165	1 085		212		34		20 428
Other receivables	28		2 749	37		13		5-4		2 827
Inventories	=		3 346	42						3 388
Prepaid expenses	15		708	31		27				781
Due from affiliates	 36		41 046	 				40 926		156
Total current assets	110		87 831	1 833		285		40 960		49 (199
Assets Limited As to Use, noncurrent										
Internally designated			41 796							41 796
Property, Plant and Equipment, net	14 789		49 849	2 134		90				66 862
Other Long-term Investments			1 105							1 105
Investments in Joint Ventures and Other Investments	10 667		791							11 458
Contributions Receivable			3 874							3 874
Other	 		726	 18						744
Total assets	\$ 25 566	\$	185 972	\$ 3 985	\$	375	\$	40 960	\$	174 938
Liabilities and Net Assets (Deficit)										
Current Liabilities										
Accounts payable	\$ 528	\$	4 939	\$ 324	\$	626	\$	34	\$	6 383
Accrued payroll			5 701	77		34				5.812
Estimated settlements due to third-party pavers			2 589			13				2 602
Due to affiliates Other current liabilities	2 243		5 243 1 999	39 036		327		40 926		5 923
Other current liabilities Total current liabilities	 398 3 169		20 471	 293 39 730		1 000		40 960		2 690 23 410
	3 109		6 247	242		1 000		40 300		6 489
Other Long-term Liabilities				242						
Due to Affiliates	 10 660		43 215	 						53 875
Total liabilities	 13 829		69 933	 39 972		1 000		40 960		83 774
Net Assets (Deficit)										
Unrestricted	11 737		111 880	(35 987)		(625)				87 005
Temporarily restricted			2 603							2 603
Permanently restricted	 11 777		1 556	 35.00						1 556
Total net assets (deficit)	 11 737		116 039	 (35 987)	-	(625)				91 164
Total liabilities and net assets (deficit)	\$ 25 566	\$	185 972	\$ 3 985	\$	375	\$	40 960	\$	174 938

Definitions

SLHS - St. Luke's Health System SLRMC - St. Luke's Regional Medical Center SLHR - St. Luke's Health Resources PACE - Soursland PACE

St. Luke's Health System, Inc. (Sioux City)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information

(In Thousands)

Year Ended December 31, 2011

	SLHS	SLRMC	SLHR	PACE	Eliminations	Consolidated
Revenue						
Patient service revenue (net of contractual allowances)	\$ -	\$ 136,793	\$ 12,319	\$ 3,720	\$ 537	\$ 152,295
Provision for patient uncollectible accounts		(9.255)	(664)			(9.919)
Net patient service revenue	_	127,538	11,655	3,720	537	142,376
Other operating revenue	3,443	4.460	65		602	7.366
Total revenue	3,443	131.998	11.720	3,720	1.139	149,742
Expenses						
Salaries and wages	10	46.761	3,743	661		51,175
Physician compensation and services		7,064	4,725	121		11.910
Employee benefits		11.656	931	123		12.710
Supplies	7	24,277	590	619		25,493
Other expenses	1.698	25,446	2,987	2,784	1.139	31,776
Depreciation and amortization	981	5,898	346	37		7.262
Interest	579	2,469				3.048
Provision for uncollectible accounts		46				46
Total expenses	3,275	123,617	13,322	4.345	1,139	143,420
Operating Income (Loss)	168	8,381	(1.602)	(625)		6.322
Nonoperating Gains (Losses)						
Investment income (loss)	(8)	(363)				(371)
Other, net	(18)		126			108
Total nonoperating gains (losses), net	(26)	(363)	126			(263)
Revenue Over (Under) Expenses	\$ 142	\$ 8,018	\$ (1.476)	\$ (625)	<u>s</u> -	\$ 6,059

Definitions

SLHS - St Luke's Health System

SLRMC - St Luke's Regional Medical Center

SLHR - St Luke's Health Resources

PACE - Soursland PACE

Finley Tri-States Health Group, Inc. and Subsidiaries (Dubuque) Consolidating Schedule - Balance Sheet Information (In Thousands) December 31, 2011

Assets

7,000	TI	RI-ST	Finley	VNA	Elim	inations	Co	nsolidated
Current Assets								
Cash and cash equivalents	\$	-	\$ 4 595	\$ 354	\$	-	\$	4 949
Short-term investments Patient accounts receivable less estimated uncollectibles			9 481 12 603	277				9 481 12 880
Other receivables			2 197	8				2 205
Inventories			2 132	0				2 132
Prepaid expenses			511	1				512
Due from affiliates			110	. 4		67		47
Total current assets			31 629	644		67		32 206
Assets Limited As to Use, noncurrent								
Internally designated			46 664					46 664
Property, Plant and Equipment, net			47 746	141				47 887
Other Long-term Investments			197					197
Investments in Joint Ventures and Other Investments		14	4311					4 325
Contributions Receivable			5 228	1 617				6 845
Other			845	6				851
Due From Affiliates			 90					90
Total assets	\$	14	\$ 136 710	\$ 2 408	\$	67	\$	139 065
Liabilities and Net Assets								
Current Liabilities								
Accounts payable	\$	-	\$ 3 596	\$ 5	\$	-	\$	3 601
Accrued payroll			3 999	181				4 180
Estimated settlements due to third-party pavers			2 516	29				2 545
Due to affiliates Other current liabilities			1 281	62		67		1 276
Total current liabilities			 2 036	 170 447		67		2 206 13 808
Other Long-term Liabilities			1 485	13				1 498
Due to Affiliates			7 626	127				7 626
Total liabilities		-	 22 539	460		67		22 932
			 22 239	 400		07		33-
Net Assets Unrestricted		14	108 943	331				109 288
Temporarily restricted		17	3 426	1 617				5 043
Permanently restricted			1 802	1017				1 802
Total net assets		14	 114 171	1 948				116 133
Total liabilities and net assets	\$	14	\$ 136 710	\$ 2 408	\$	67	\$	139 065

Definitions

TRI-ST - Finley Tri-States Health Group Inc Finley - The Finley Hospital VNA - Visiting Nuise Association

Finley Tri-States Health Group, Inc. and Subsidiaries (Dubuque)

Consolidating Schedule - Revenue and Gains, Expenses and Losses Information (In Thousands)

Year Ended December 31, 2011

	TRI-ST		Finley	VNA	Eliminations	Cor	nsolidated
Revenue							
Patient service revenue (net of contractual allowances)	\$ -	\$	92,643	\$ 570	\$ -	\$	93.213
Provision for patient uncollectible accounts			(2,630)				(2,630)
Net patient service revenue	•		90,013	 570	•	_	90,583
Other operating revenue		_	3,609	 2,130		_	5,739
Total revenue			93,622	2,700			96,322
Expenses							
Salaries and wages			32,205	1.937			34,142
Physician compensation and services			5,010				5,010
Employee benefits			8,890	568			9.458
Supplies			13,484	46			13,530
Other expenses			23,050	221			23,271
Depreciation and amortization			5,760	22			5,782
Interest			534				534
Provision for uncollectible accounts			26	7			33
Total expenses			88.959	2,801			91,760
Operating Income (Loss)			4,663	 (101)			4,562
Nonoperating Gains (Losses)							
Investment income (loss)			(497)	6			(491)
Other, net			444	75			519
Total nonoperating gains (losses), net			(53)	81			28
Revenue Over (Under) Expenses	\$ -	\$	4.610	\$ (20)	\$ -	\$	4,590

Definitions

TRI-ST - Finley Tri-States Health Group, Inc

Finley - The Finley Hospital

VNA - Visiting Nurse Association

Iowa Health System and Subsidiaries The Methodist Medical Center of Illinois

Statement of Operations for the Methodist College of Nursing Three-Month Period Ended December 31, 2011

Unrestricted Revenues, Gains and Other Support	
Student revenue	\$ 194,178
Tuition	1,834,988
Foundation grants	11,294
Total operating revenue	2,040,460
Expenses	
Salaries and benefits	1,085,604
Supplies and other expenses	320,232
Depreciation and amortization	48,280
Total operating expenses	1,454,116
Revenues in Excess of Expenses	\$586,344