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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTRUST

Doing Business As

IOWA HEALTH HOME CARE

Number and street (or P O box if mail is not delivered to street address)

11333 AURORA AVENUE

Room/suite

City or town, state or country, and ZIP + 4

URBANDALE, IA 50322

F Name and address of principal officer

PHYLLIS STADTLANDER  
11333 AURORA AVENUE  
URBANDALE,IA 50322

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.IOWAHEALTHHOMECARE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1998

M State of legal domicile

IA

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH HEALING, CARING AND TEACHING		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,360
	6 Total number of volunteers (estimate if necessary)	6	126
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	262,044
	b Net unrelated business taxable income from Form 990-T, line 34	7b	62,653
Expenses			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	466,442	1,683,428
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,665,265	87,480,501
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,594,010	669,710
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,918	30,197
		58,858,635	89,863,836
Net Assets or Fund Balances			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,185	8,104
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,642,619	60,525,210
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,500	32,048
	b Total fundraising expenses (Part IX, column (D), line 25) 48,671		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,920,876	27,821,518
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,588,180	88,386,880
	19 Revenue less expenses Subtract line 18 from line 12	4,270,455	1,476,956
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	38,222,621	43,905,187
	22 Net assets or fund balances Subtract line 21 from line 20	7,549,159	11,832,790

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1

Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH HEALING, CARING AND TEACHING

2

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

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 69,380,161 including grants of \$ 8,104 ) (Revenue \$ 87,510,698 )

HEALTH CARE SERVICESINTRUST PROVIDES HOME HEALTH SERVICES FOR PEOPLE IN NEED WITH THE PURPOSE TO IMPROVE THE COMMUNITY'S OVERALL HEALTH AND ACCESS TO CARE HIGHEST PRIORITY IS GIVEN TO LOW-INCOME INDIVIDUALS BUT SERVICES ARE AVAILABLE TO ALL RESIDENTS ALL SERVICES ARE PROVIDED REGARDLESS OF AN INDIVIDUAL'S RACE, CREED, SEX, NATIONALITY, HANDICAP, AGE OR ABILITY TO COMPENSATE FOR SERVICES RENDERED HOME HEALTH CARE SERVICES PROVIDED AND PEOPLE SERVED MAY INCLUDE BUT ARE NOT LIMITED TO CASE MANAGEMENT, CERTIFIED NURSING, PRIVATE DUTY NURSING, PALLIATIVE CARE, HOSPICE, INFUSION SERVICES, HOME MEDICAL EQUIPMENT, LIFELINE, MATERNAL HEALTH CLINICS, NURSING CARE, SUPPORT TO HIGH RISK NEW PARENTS AND NEWBORNS, PARENTING SUPPORT, CHILD HEALTH CLINICS, HEALTH MAINTENANCE VISITS AND SCREENINGS, IMMUNIZATION CLINICS, SENIOR CITIZENS, DISABLED, ILL, HANDICAPPED AND TERMINALLY ILL SERVICES MAY BE PROVIDED ON A ONE-TIME, INTERMITTENT, PART-TIME OR LONG-TERM BASIS INTRUST MADE 200,420 HOME VISITS IN 2011

4b

(Code ) (Expenses \$ 6,290,071 including grants of \$ ) (Revenue \$ )

COMMUNITY BENEFITSINTRUST PROVIDES CHARITY CARE AND OTHER MEANS-TESTED PROGRAMS WITH THE GOAL OF IMPROVING THE COMMUNITY'S HEALTH AND ACCESS TO CARE THIS INCLUDES PROVIDING HEALTH CARE SERVICES REGARDLESS OF A PATIENT'S INSURANCE COVERAGE OR FINANCIAL STATUS CHARITY CARE AND PARTIAL TO FULL FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS CHARITY CARE WAS MADE AVAILABLE TO 400 PATIENTS AT A VALUE OF \$385,055 IN 2011 OFTENTIMES, INTRUST RECEIVES PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN ITS CHARGES FOR SERVICES INTRUST PARTICIPATES IN MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INTRUST'S NET COST OF PROVIDING CARE FOR WHICH IT RECEIVES PAYMENT BELOW ITS COSTS IS \$5,400,653 FOR 2011 TOTAL CHARITY CARE AND MEANS-TESTED PROGRAMS REPORTED VALUE \$5,785,708 OTHER BENEFITS INTRUST PROVIDES SEVERAL ADDITIONAL HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS THAT SUPPORT ITS MISSION OF IMPROVING THE HEALTH OF ITS COMMUNITY THROUGH HEALING, CARING AND TEACHING PROGRAMS INCLUDE BUT ARE NOT LIMITED TO PREVENTION AND HEALTH SCREENINGS, SUBSIDIZED HEALTH SERVICES, CONTINUING EDUCATION FOR HEALTH PROFESSIONALS, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS INTRUST PARTNERS WITH HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND CHILDCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE APPROXIMATELY 13,334 PERSONS WERE SERVED THROUGH THESE PROGRAMS TOTAL OTHER BENEFITS PREPOTED VALUE \$504,363

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d



















Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 75,670,232

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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		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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	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. 		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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 	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 		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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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		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		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		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 	Yes	
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 		No
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 		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	216			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	1,360			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>				No
<b>b</b>	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.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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.	<b>13a</b>				
<b>b</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.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

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.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," 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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization 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.	
	SANDRA D DIELEMAN VPCFO 11333 AURORA AVENUE URBANDALE,IA 50322 (515) 557-3100	

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PASTOR STACIE FIDLAR BOARD MEMBER	1 00	X						0	0	0
(2) PHIL GUNDERSON BOARD SECRETARY	1 00	X		X				0	0	0
(3) NORMA HAGENOW BOARD VICE CHAIR	1 00	X		X				0	0	0
(4) BERGEN PETERSON BOARD MEMBER	1 00	X						0	83,887	14,287
(5) MARIA ISABEL PINEIRO VAN DORN BOARD MEMBER	1 00	X						0	0	0
(6) RAY PUGH TO 911 BOARD MEMBER	1 00	X						0	0	0
(7) MARK PURTLE MD BOARD CHAIR	1 00	X		X				0	499,847	225,741
(8) RICH WELLMAN BOARD MEMBER	1 00	X						0	0	0
(9) GARY BARGSTADT VP/COO	40 00			X				182,967	0	13,417
(10) SANDRA DIELEMAN VP/CFO/CAO	40 00			X				193,477	0	34,915
(11) PHYLLIS STADTLANDER PRESIDENT/CEO	40 00			X				212,318	0	24,406
(12) ALAN KAPLAN CHIEF MEDICAL OFFICER	1 00				X			0	717,316	135,330
(13) MONIQUE REESE VP/CHIEF CLINICAL OFFICER	40 00				X			167,020	0	7,150
(14) JOHN WILLIAMS TO 1111 VP/CORPORATE COMMUNICATIONS/BUSINESS DVLPMT	40 00				X			152,438	0	4,791
(15) RUTH COADY EXEC DIR STATEWIDE INFUSION	40 00					X		112,651	0	7,465
(16) JAMES CUSHING EXEC DIR PERFORMANCE IMPROVEMENT	40 00					X		131,514	0	12,135
(17) TIMOTHY HACKBART EXEC DIR SIOUX CITY	40 00					X		116,478	0	25,747

Form 990 (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	1,501,752	1,301,050	550,537

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 10

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIFELINE SYSTEMS INC PO BOX 846071 BOSTON, MA 022846071	MONITORING SERVICE	705,836
A-1 CAREERS INC PO BOX 25830 SHAWNEE MISSION, KS 66225	STAFFING AGENCY	515,675
MAXIM HEALTHCARE SERVICES 12558 COLLECTIONS CENTER DR CHICAGO, IL 60693	STAFFING AGENCY	415,642
VERIZON WIRELESS 151 COLLINS RD NE CEDAR RAPIDS, IA 52402	PHONE SERVICE	404,328
MARIAN HOME 2400 6TH AVENUE NORTH FORT DODGE, IA 50501	NURSING HOME- INPT SERVICES	228,159

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	123,461				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,559,967				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		1,683,428				
Program Service Revenue			Business Code					
	2a	HOME HEALTH CARE SVCS	621610	85,513,768	85,311,494	202,274		
	b	MGMT & SUPPORT SVCS	561000	1,692,696	1,692,696			
	c	IHS CONTRACTING SVCS	900099	170,452	170,452			
	d	SUBS & JOINT VENTURES	900099	103,585	43,815	59,770		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		87,480,501				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		372,215			372,215	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			10,703,376					
			10,234,611	171,270				
			468,765	-171,270				
	d	Net gain or (loss) . . . . .		297,495			297,495	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
	b	Less cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
	11a	MISCELLANEOUS REVENUE	900099	30,197	30,197			
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		30,197					
12	Total revenue. See Instructions . . . . .		89,863,836	87,248,654	262,044	669,710		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,104	8,104		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	661,500		661,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	46,711,359	40,377,116	6,321,262	12,981
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,739,498	1,484,824	254,108	566
9	Other employee benefits	8,160,388	6,966,890	1,192,293	1,205
10	Payroll taxes	3,252,465	2,798,963	452,623	879
11	Fees for services (non-employees)				
a	Management	791,966		791,966	
b	Legal	67,458	680	66,778	
c	Accounting	280		280	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	32,048			32,048
f	Investment management fees	156,443		156,443	
g	Other	3,288,885	3,052,883	236,002	
12	Advertising and promotion	251,978	100,238	151,740	
13	Office expenses	14,536,885	14,148,199	388,413	273
14	Information technology	2,824,472	2,059,025	765,447	
15	Royalties				
16	Occupancy	1,657,509	1,166,319	491,190	
17	Travel	1,797,545	1,681,985	115,560	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,641	26,133	18,508	
20	Interest	87,256		87,256	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,892,565	1,586,031	306,534	
23	Insurance	50,109	-11,746	61,855	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	MISCELLANEOUS EXPENSE	327,826	224,588	102,519	719
b	INCOME TAXES	45,700		45,700	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	88,386,880	75,670,232	12,667,977	48,671
26	Joint costs. Check here <input type="checkbox"/> 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
Assets	1	Cash—non-interest-bearing . . . . .			691,277	1	297,386
	2	Savings and temporary cash investments . . . . .			3,766,303	2	2,081,916
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			6,788,006	4	15,573,009
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			188,254	7	1,836,364
	8	Inventories for sale or use . . . . .			936,019	8	1,031,231
	9	Prepaid expenses and deferred charges . . . . .			15,440	9	38,658
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	16,311,878			
	b	Less: accumulated depreciation . . . . .	10b	10,004,612	6,276,437	10c	6,307,266
	11	Investments—publicly traded securities . . . . .			19,201,183	11	16,183,091
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			359,702	13	556,266
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			38,222,621	16	43,905,187
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,325,005	17	7,993,949
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			43,372	24	751,840
	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 D . . . . .			2,180,782	25	3,087,001
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			7,549,159	26	11,832,790
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			30,613,040	27	31,720,571
	28	Temporarily restricted net assets . . . . .			60,422	28	351,826
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			30,673,462	33	32,072,397
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			38,222,621	34	43,905,187

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,863,836
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,386,880
3	Revenue less expenses Subtract line 2 from line 1	3	1,476,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,673,462
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-78,021
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	32,072,397

Part XII Financial Statements and Reporting

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

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization INTRUST	Employer identification number 42-1477471
-------------------------------------	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	161,878	5,212	1,050,737	466,442	1,683,428	3,367,697
2 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	43,052,317	45,754,426	50,880,911	56,665,265	87,139,597	283,492,516
3 Gross receipts from activities that are not an unrelated trade or business under section 513		28,399	130,210	132,918	30,197	321,724
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	43,214,195	45,788,037	52,061,858	57,264,625	88,853,222	287,181,937
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						287,181,937

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	43,214,195	45,788,037	52,061,858	57,264,625	88,853,222	287,181,937
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	333,750	345,228	472,417	505,399	372,215	2,029,009
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	333,750	345,228	472,417	505,399	372,215	2,029,009
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	115,961	96,793	126,127	247,834	262,044	848,759
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	43,663,906	46,230,058	52,660,402	58,017,858	89,487,481	290,059,705
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.010 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.970 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.700 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.750 %
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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



**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 D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization INTRUST	Employer identification number 42-1477471
-------------------------------------	--

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	60,422	71,425	2,007,900	67,543
1b	Contributions . . . . .	875,890	245,006	199,654	2,298,975
1c	Investment earnings or losses . . . . .				-133,563
1d	Grants or scholarships . . . . .			1,965,738	
1e	Other expenditures for facilities and programs . . . . .	584,486	256,009	169,379	224,220
1f	Administrative expenses . . . . .			1,012	835
1g	End of year balance . . . . .	351,826	60,422	71,425	2,007,900

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 100 000 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		160,000		160,000
1b Buildings . . . . .		2,287,895	765,435	1,522,460
1c Leasehold improvements . . . . .		1,246,296	985,188	261,108
1d Equipment . . . . .		12,617,687	8,253,989	4,363,698
1e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				6,307,266



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	189,863,836
2	Total expenses (Form 990, Part IX, column (A), line 25)	288,386,880
3	Excess or (deficit) for the year Subtract line 2 from line 1	31,476,956
4	Net unrealized gains (losses) on investments	4-888,702
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8810,681
9	Total adjustments (net) Add lines 4 - 8	9-78,021
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,398,935

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	188,862,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .	2a-888,702
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d415,564
e	Add lines 2a through 2d . . . . .	2e-473,138
3	Subtract line 2e from line 1 . . . . .	389,335,138
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a65,220
b	Other (Describe in Part XIV) . . . . .	4b463,478
c	Add lines 4a and 4b . . . . .	4c528,698
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	589,863,836

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	188,819,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Other losses . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d667,792
e	Add lines 2a through 2d . . . . .	2e667,792
3	Subtract line 2e from line 1 . . . . .	388,151,208
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a65,220
b	Other (Describe in Part XIV) . . . . .	4b170,452
c	Add lines 4a and 4b . . . . .	4c235,672
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	588,386,880

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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	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 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		MISCELLANEOUS OTHER ADJUSTMENTS 810,681
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED IN REVENUES 415,564
PART XII, LINE 4B - OTHER ADJUSTMENTS		REVENUES IN UNRESTRICTED FUND BALANCE 1,550 REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE 291,404 ROUNDING 72 IHS CONTRACTING SERVICES PURCHASE REBATE 170,452
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES IN UNRESTRICTED FUND BALANCE 252,178 ROUNDING 50 EXPENSES NETTED IN REVENUES 415,564
PART XIII, LINE 4B - OTHER ADJUSTMENTS		IHS CONTRACTING SERVICES PURCHASE REBATE 170,452

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
INTRUST

Employer identification number  
42-1477471

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRINITY HEALTH FOUNDATION 802 KENYON RD  FORT DODGE, IA 50501	RECEIPTING OF MEMORIALS/MAILINGS	Yes		687,425	15,548	671,877
IOWA HEALTH FOUNDATION 2700 GRAND AVE NO 109  DES MOINES, IA 50312	RECEIPTING OF MEMORIALS/MAILINGS	Yes		188,465	16,500	171,965
Total . . . . . ▶				875,890	32,048	843,842

3

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

IA

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
Direct Expenses	6	Volunteer labor . . . . . <input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	WE WORK COLLABORATIVELY WITH FUNDRAISERS ON PROJECTS AND METHODS TO RAISE FUNDS WE HAVE THE ULTIMATE DECISION AS TO METHODS, PROJECTS AND EVENTS THAT ARE DONE ALL RECEIPTING AND IRS RELATED ISSUES ARE HANDLED BY FOUNDATION STAFF



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTRUST

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

Open to Public  
Inspection

Employer identification number  
42-1477471

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

3

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

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**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
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Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization

INTRUST

Employer identification number

42-1477471

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

**Note.** The sum of columns (B)(i)-(iii) 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.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT. THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME: JAMES CUSHING \$11,155 AND JOHN WILLIAMS \$14,222. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: ALAN KAPLAN \$100,922 AND MARK PURTLE \$195,608.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047  
**2011**  
Open to Public Inspection

Name of the organization  
INTRUST

Employer identification number  
42-1477471

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**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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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 42-1477471  
**Name:** INTRUST

## Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

[illegible]



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 INTRUST	Employer identification number 42-1477471
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	ON 1/1/2011 ADDED ALLEN HOMECARE & TRINITY VNHA ALLEN HOME HEALTH CARE SERVICE LINES INCLUDE HOME HEALTH, HOSPICE, HME, AND LIFELINE TRINITY SERVICE LINES INCLUDE HOME HEALTH & HOSPICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	IOWA HEALTH SYSTEM, A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS THE SOLE MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO NOMINATE AND APPOINT BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO APPROVE CHANGES IN ARTICLES AND BYLAWS, DISSOLUTIONS OR MERGERS, AND APPOINT BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS. THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN:</p> <ol style="list-style-type: none"><li>1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY,</li><li>2) HAS READ AND UNDERSTANDS THE POLICY,</li><li>3) AGREES TO COMPLY WITH THE POLICY,</li><li>4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND</li><li>5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.</li></ol> <p>SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION. THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES.</p> <p>ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS:</p> <ol style="list-style-type: none"><li>1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL:</li><li>1) DECIDE IF A CONFLICT OF INTEREST EXISTS,</li><li>2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION,</li><li>3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.</li></ol> <p>THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN:</p> <ol style="list-style-type: none"><li>1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED,</li><li>2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH, IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.</li></ol>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS 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 QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE. BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR 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'S DIRECTION, FOR THE OTHER EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958. THE ANNUAL REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2011 FOR THE FOLLOWING INDIVIDUALS: ALAN KAPLAN AND MARK PURTLE, MD. THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY A COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.</p>

Identifier	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



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -888,702 MISCELLANEOUS OTHER ADJUSTMENTS 810,681 TOTAL TO FORM 990, PART XI, LINE 5 -78,021

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization  
INTRUST

Employer identification number  
42-1477471

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

Yes

Yes

Yes

No

Yes

Yes

No

No

No

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

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

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
SECTION 512(B)(13) CONTROLLED ENTITY	SCHEDULE R, PART II, COLUMN (G)	THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED HEALTH SYSTEM AND HAS A COMMON PARENT ORGANIZATION, "IOWA HEALTH SYSTEM " FOR ENTITIES THAT ARE PART OF THE CONSOLIDATED HEALTH SYSTEM (WITH COMMON CONTROL) THE ATTRIBUTION RULES OF IRC SECTION 318 APPLY, MEANING THAT ALL ORGANIZATIONS ARE DEEMED TO HAVE CONTROL OF THE ORGANIZATIONS OWNED BY THE 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

Software ID:  
Software Version:  
EIN: 42-1477471  
Name: INTRUST

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 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 42-0698265	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS INC	Yes	
ANAMOSA AREA AMBULANCE SERVICE  101 GRANT WOOD DRIVE ANAMOSA, IA 52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C) (3)	509(A)(2)	ST LUKE'SJONES REGIONAL MEDICAL CENTER	Yes	
CENTRAL IOWA HEALTH PROPERTIES CORPORATION  1200 PLEASANT STREET DES MOINES, IA 50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C) (2)		CENTRAL IOWA HEALTH SYSTEM	Yes	
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 42-0680452	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM	Yes	
FINLEY TRI-STATES HEALTH GROUP INC  350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-1307495	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
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, SUPPOT 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 CARE	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	
IOWA HEALTH SYSTEM  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 37-1111135	HEALTHCARE	IL	501(C) (3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
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)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL	Yes	

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 512 (b)(13) controlled organization	
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED  720 KENYON DRIVE FORT DODGE, IA 50501 42-0937390	MENTAL HEALTH CARE	IA	501(C) (3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
NORTHWEST IOWA HOSPITAL CORPORATION  2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1019872	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes	
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), TYPE III	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'S JONES 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	
STL CARE COMPANY  1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C) (3)	509(A)(2)	ST LUKE'S HEALTHCARE	Yes	
THE DUBUQUE VISITING NURSE ASSOCIATION  350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C) (3)	509(A)(2)	FINLEY TRI- STATES HEALTH GROUP INC	Yes	
THE FINLEY HOSPITAL  350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C) (3)	170(B)(1) (A)(III)	FINLEY TRI- STATES HEALTH GROUP INC	Yes	
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH  2701 17TH STREET ROCK ISLAND, IL 61201 36-3678909	MENTAL HEALTH CARE	IL	501(C) (3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
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) (A)(VI)	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) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
TRINITY REGIONAL HEALTH SYSTEM  2701 17TH STREET ROCK ISLAND, IL 61201 36-3351952	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	



**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity	<b>g</b> Section 512 (b)(13) controlled organization	
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)(A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
UNITY HEALTHCARE  1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1776 WESTLAKES PARKWAY LC  4949 WESTOWN PARKWAY SUITE 200 WEST DES MOINES, IA 50266 20-5031651	OWNERSHIP/RENTAL OF 2 COMMERCIAL OFFICE BUILDINGS	IA	N/A	UNRELATED	229,642	12,309,952		No		Yes		33.330%
ALLEN MEMORIAL HOSPITAL ORTHOPEDIC CO-MANAGEMENT CO LLC  1825 LOGAN AVE WATERLOO, IA 50703 45-3237125	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	RELATED	22,920	39,683		No			No	20.000%
CENTRAL ILLINOIS CANCER CARE CENTER LLC  7309 N KNOXVILLE PEORIA, IL 61614 26-1128108	RADIATION THERAPY	IL	N/A	RELATED	1,031,613	1,886,570		No		Yes		50.000%
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO LLC  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%
DES MOINES PARKING ASSOCIATES  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%
DUBUQUE ENDOSCOPY CENTER LC  1515 DELHI STREET SUITE 500 DUBUQUE, IA 52001 20-1597161	AMBULATORY SURGERY CENTER	IA	THE FINLEY HOSPITAL	RELATED	660,133	210,769		No		Yes		51.000%
ENSEVA - HIAWATHA LLC  524 PARK ROAD WATERLOO, IA 50704 45-3437363	COLLOCATION FACILITY	IA	IOWA HEALTH SYSTEM	RELATED	2,624	2,203,353		No			No	52.000%
FINLEY DEPT OF SURGERY CO-MGMT CO LLC  350 N GRANDVIEW AVE DUBUQUE, IA 52001 42-2808785	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA	N/A	RELATED	101,716	208,966		No			No	50.000%
FINLEYHARTIG HOMECARE LLC  703 MAIN ST DUBUQUE, IA 52001 42-1487138	SALE/RENTAL OF MEDICAL EQUIPMENT	IA	N/A	RELATED	132,479	842,404		No		Yes		50.000%
HEALTH CARE AFFILIATES OF THE TRI-STATES LLC  350 N GRANDVIEW AVE DUBUQUE, IA 52001 42-1428503	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	RELATED		14,037		No		Yes		50.000%
HEALTH ENTERPRISES VENTURES LC  4250 GLASS ROAD NE CEDAR RAPIDS, IA 52402 39-1894290	INVESTMENT VEHICLE OWNING CLINICAL JVS	IA	N/A	UNRELATED	89,797	817,011		No	57,299		No	55.670%
HY-VEE IOWA HEALTH LC  5820 WESTOWN PARKWAY WEST DES MOINES, IA 50266 26-3293530	PRIMARY CARE CLINIC	IA	N/A	RELATED	-175,705	44,300		No		Yes		50.000%
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER LC  1200 PLEASANT STREET DES MOINES, IA 50309 03-0482623	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	RELATED	1,323,429	2,917,182		No		Yes		50.000%
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC  1200 PLEASANT STREET DES MOINES, IA 50309 42-1511142	GROUP PURCHASING	IA	N/A	RELATED	4,775,894	15,888,961		No		Yes		100.000%
LAKEVIEW SURGERY CENTER LC  1200 PLEASANT STREET DES MOINES, IA 50309 42-1516120	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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDICAL LABORATORIES OF EASTERN IOWA LC  1026 A AVE NE CEDAR RAPIDS, IA 52402 42-1359640	MEDICAL LABORATORY SERVICES	IA	N/A	RELATED	664,320	870,817		No		Yes		50 000 %
METRO MRI CENTER LIMITED PARTNERSHIP  615 VALLEY VIEW DRIVE SUITE 102 MOLINE, IL 61265 36-3710164	PROVIDE MRI AND OTHER MEDICAL SERVICES	IL	N/A	RELATED	600,876	1,499,952		No		Yes		33 970 %
MR ASSOCIATES LLP  1455 SHERMAN ROAD HIAWATHA, IA 52233 42-1260463	OWN AND OPERATE MR UNIT	IA	N/A	RELATED	2,540,143	1,416,839		No		Yes		33 330 %
NE IA PHYSICAL THERAPY AND SPORTS MEDICINE LLC  1825 LOGAN AVE WATERLOO, IA 50703 20-2124978	ATHLETIC TRAINING AND SPORTS MEDICINE	IA	N/A	RELATED	-41,070			No		Yes		
ORTHOPAEDIC OUTPATIENT SURGERY CENTER LC  1200 PLEASANT STREET DES MOINES, IA 50309 42-1508092	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	3,314,858	3,461,181		No		Yes		50 000 %
PIERCE STREET SAME DAY SURGERY LC  2730 PIERCE STREET SIOUX CITY, IA 51104 20-5895205	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	931,816	3,357,708		No		Yes		50 000 %
QUAD CITY AMBULATORY SURGERY CENTER LLC  520 VALLEY VIEW DRIVE SUITE 300 MOLINE, IL 61265 36-4471903	AMBULATORY SURGERY CENTER	IL	N/A	RELATED	255,765	3,500,259		No		Yes		50 000 %
REHABILITATION THERAPY SERVICES LLC  416 ST MARKS CT 110 PEORIA, IL 61603 81-0584193	REHABILITATION THERAPY	IL	METHODIST MEDICAL CENTER OF ILLINOIS	RELATED	448,732	1,397,476		No		Yes		60 030 %
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS LLC  1075 FIRST AVENUE SE CEDAR RAPIDS, IA 52403 72-1550812	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	3,310,383	7,115,889		No		Yes		50 000 %
TRINITY BETTENDORF ORTHOPEDIC CO-MANAGEMENT COMPANY LLC  4500 UTICA RIDGE RD BETTENDORF, IA 52722 27-2562753	ORTHOPEDIC SERVICE LINES ADMINISTRATIVE SERVICES	IA	N/A	RELATED	175,377	118,891		No		Yes		50 000 %
TRI-WEBSTER LC  1610 COLLINS ST WEBSTER CITY, IA 50595 01-0740062	MEDICAL BUILDING AND SURROUNDING PROPERTY	IA	N/A	RELATED	110,738	1,715,230		No		Yes		50 000 %
WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY LLC  1660 60TH STREET WEST DES MOINES, IA 50266 27-1414600	ORTHOPEDIC SERVICE LINES MANAGEMENT	IA	N/A	RELATED	244,306	26,600		No		Yes		20 000 %
WEST LAKES MEDICAL EQUIPMENT LLC  5950 UNIVERSITY AVENUE SUITE 321 WEST DES MOINES, IA 50266 26-3300536	MEDICAL EQUIPMENT SALES AND RENTAL	IA	N/A	UNRELATED	59,770	171,967		No	59,770	Yes		50 000 %
WEST LAKES SLEEP CENTER LLC  5950 UNIVERSITY AVENUE SUITE 2 WEST DES MOINES, IA 50266 26-3193923	SLEEP DISORDER DIAGNOSTIC TESTING FACILITY	IA	N/A	RELATED	92,541	318,508		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
BROADBAND INC 1200 PLEASANT ST DES MOINES, IA 50309 27-3819741	INFORMATION TECHNOLOGY MGMT	IA	IHS	C	338,870	13,238,641	100 000 %
CHARITABLE REMAINDER UNITRUST #1	INVESTMENT	IA	SLHCF	T			
CHARITABLE REMAINDER UNITRUST #2	INVESTMENT	IA	SLHCF	T			
CHARITABLE REMAINDER UNITRUST #3	INVESTMENT	IA	SLHCF	T			
CHARITABLE REMAINDER UNITRUST #6	INVESTMENT	IA	SLHCF	T			
IOWA HEALTH SYSTEM 457 DEF COMP PLAN 1415 WOODLAND AVE 2ND FL DES MOINES, IA 50309 42-1435199	INVESTMENT	IA	IHS	T	266,087	4,546,270	100 000 %
METHODIST HEALTH VENTURES INC PO BOX 87 PEORIA, IL 61650 37-1140939	PHARMACY/OFFICE STAFFING	IL	MHSC	C	868,566	2,437,393	100 000 %
MEDIMORE INC 1200 PLEASANT ST DES MOINES, IA 50309 42-1414390	MANAGED CARE	IA	IHS	C	210,170		100 000 %
METHODIST PHYSICIAN SERVICES INC PO BOX 87 PEORIA, IL 61650 36-3858550	MEDICAL SERVICES	IL	MHVI	C	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	C	506,534	435,657	100 000 %
PROVIDER RESOURCE MANAGEMENT INC PO BOX 87 PEORIA, IL 61650 37-1223550	RESOURCE MANAGEMENT	IL	MHSC	C		57,427	100 000 %
RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM INC 700 E UNIVERSITY AVE DES MOINES, IA 50316 26-1271143	SPECIALTY PHYSICIANS MEDICAL CARE	IA	CIHC	C	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	C	322,129	5,577,505	100 000 %
TRIMARK PHYSICIANS GROUP INC 802 KENYON ROAD FORT DODGE, IA 50501 42-1335554	MEDICAL CLINICS	IA	THS	C	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	C	3,295,832	2,957,465	100 000 %

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 42-1477471  
**Name:** INTRUST

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
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