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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
TRINITY HEALTH FOUNDATION

Doing business as  
TRINITY FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
802 KENYON RD

City or town, state or province, country, and ZIP or foreign postal code  
FORT DODGE, IA 50501

F Name and address of principal officer:  
LEAH GLASGO  
802 KENYON RD  
FORT DODGE, IA 50501

D Employer identification number  
42-1222381

E Telephone number  
(515) 574-3101

G Gross receipts \$ 5,568,511

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITYPPOINT.ORG/FORTDODGE/FOUNDATION

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
SUPPORTS TRINITY HEALTH SYSTEMS' MISSION OF "IMPROVING OUR COMMUNITY'S HEALTH."

2 Check this box ☐ 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 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 13

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 945,283 1,148,966

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 3,568,236 290,596

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,905 39,132

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,546,424 1,478,694

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 1,557,428 1,345,863

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) 288,713 320,813

16a Professional fundraising fees (Part IX, column (A), line 11e) 107,578 69,460

16b Total fundraising expenses (Part IX, column (D), line 25) ▶258,761

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 133,206 119,291

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,086,925 1,855,427

19 Revenue less expenses. Subtract line 18 from line 12 2,459,499 -376,733

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 21,613,651 24,407,135

21 Total liabilities (Part X, line 26) 176,907 196,962

22 Net assets or fund balances. Subtract line 21 from line 20 21,436,744 24,210,173

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer SARAH MARSH VP FINANCE

2020-11-06

Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

TRINITY HEALTH FOUNDATION IS A NONPROFIT ORGANIZATION THAT SUPPORTS TRINITY HEALTH SYSTEMS' MISSION OF "IMPROVING OUR COMMUNITY'S HEALTH." THE FOUNDATION'S GOAL IS TO PROVIDE FUNDING TO TRINITY HEALTH SYSTEMS TO ENHANCE PATIENT CARE AND SERVICES.

**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 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 \$ 1,345,863 including grants of \$ 1,345,863 ) (Revenue \$ 0 )  
See Additional Data

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

**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 ▶ 1,345,863

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

|           |                                                                                                                                                                    | Yes         | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | <b>1a</b> 0 |    |
| <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>   |    |

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

|                                                                                                                                                                                                                                                                |             |  |            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|------------|-----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                              | <b>2a</b> 0 |  |            |     |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><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>  |     |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              |             |  | <b>3a</b>  | No  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                 |             |  | <b>3b</b>  |     |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |             |  | <b>4a</b>  | No  |
| <b>b</b> If "Yes," enter the name of the foreign country: ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                       |             |  |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      |             |  | <b>5a</b>  | 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 as charitable contributions? . . . . .                                    |             |  | <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 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>  | Yes |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                             |             |  | <b>7b</b>  | Yes |
| <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 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                     |             |  | <b>8</b>   |     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                             |             |  |            |     |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                          |             |  | <b>9a</b>  |     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                           |             |  | <b>9b</b>  |     |
| <b>10 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 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 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 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? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                            |             |  | <b>13a</b> |     |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                                   | <b>13b</b>  |  |            |     |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                        | <b>13c</b>  |  |            |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                |             |  | <b>14a</b> | 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> |     |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                   |             |  | <b>15</b>  | No  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.                                                                               |             |  | <b>16</b>  | No  |

**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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 13 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 13 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>     |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     | Yes |    |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                 | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | <b>9</b>     |     | No |

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

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

**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-A 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.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶SARAH MARSH VP FINANCE 802 KENYON ROAD FORT DODGE, IA 50501 (515) 574-6260

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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.
- See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) NICK COCHRANE<br>.....<br>BOARD MEMBER                 | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) MIKE JOHNSON<br>.....<br>BOARD VICE CHAIR              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) MOLLY JOHNSON-BIRD<br>.....<br>BOARD MEMBER            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) KEITH KOLACIA<br>.....<br>BOARD MEMBER                 | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) JENNIFER LEITING<br>.....<br>BOARD SECRETARY/TREASURER | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) TIM LENTSCH<br>.....<br>BOARD MEMBER                   | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) SARAH LIVINGSTON<br>.....<br>BOARD MEMBER              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) JILL NELSON<br>.....<br>BOARD MEMBER                   | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) CRAIG SCHLIENZ<br>.....<br>BOARD MEMBER                | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) CIERRA WALDING<br>.....<br>BOARD MEMBER               | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) LISA WILSON<br>.....<br>BOARD MEMBER                  | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) KIRK YUNG<br>.....<br>BOARD CHAIR                     | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) DEBORAH ZEMKE<br>.....<br>BOARD MEMBER                | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) BRENT FEICKERT TO 0119<br>.....<br>CFO                | 1.00<br>.....<br>40.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 252,282                                                                   | 18,612                                                                                        |
| (15) LEAH GLASGO FR 0119<br>.....<br>PRESIDENT/CEO         | 1.00<br>.....<br>40.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 434,924                                                                   | 126,509                                                                                       |
| (16) JAY HOFFMAN FR 0219 - 0919<br>.....<br>INTERIM CFO    | 1.00<br>.....<br>40.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) SARAH MARSH FR 1219<br>.....<br>VP FINANCE            | 1.00<br>.....<br>40.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 121,833                                                                   | 30,885                                                                                        |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) SUSAN THOMPSON TO 0119<br>INTERIM PRESIDENT/CEO           | 1.00<br>40.00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 746,756                                                                   | 515,779                                                                                       |
| (19) MIKE DEWERFF TO 0918<br>FORMER PRESIDENT/CEO              | 0.00<br>40.00                                                                              |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 527,622                                                                   | 153,646                                                                                       |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0                                                                    | 2,083,417                                                                 | 845,431                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|                                                                                                                                                                                                                                              | 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>                                        | Yes |    |
| <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> | 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>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**



| Part VIII                                                                                              |                                                                                                                                                        | Statement of Revenue |                                             |                                  |                                                             |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|----------------------------------|-------------------------------------------------------------|
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> |                                                                                                                                                        |                      |                                             |                                  |                                                             |
|                                                                                                        |                                                                                                                                                        | (A)                  | (B)                                         | (C)                              | (D)                                                         |
|                                                                                                        |                                                                                                                                                        | Total revenue        | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                                              | <b>1a</b> Federated campaigns . . .                                                                                                                    | <b>1a</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>b</b> Membership dues . . .                                                                                                                         | <b>1b</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>c</b> Fundraising events . . .                                                                                                                      | <b>1c</b>            | 42,736                                      |                                  |                                                             |
|                                                                                                        | <b>d</b> Related organizations                                                                                                                         | <b>1d</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>e</b> Government grants (contributions)                                                                                                             | <b>1e</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                          | <b>1f</b>            | 1,106,230                                   |                                  |                                                             |
|                                                                                                        | <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$                                                                                         | <b>1g</b>            | 1,855                                       |                                  |                                                             |
|                                                                                                        | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                            |                      | 1,148,966                                   |                                  |                                                             |
| Program Service Revenue                                                                                | <b>2a</b>                                                                                                                                              | Business Code        |                                             |                                  |                                                             |
|                                                                                                        |                                                                                                                                                        |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>b</b>                                                                                                                                               |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>c</b>                                                                                                                                               |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>d</b>                                                                                                                                               |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>e</b>                                                                                                                                               |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>f</b> All other program service revenue.                                                                                                            |                      |                                             |                                  |                                                             |
| <b>g Total.</b> Add lines 2a-2f. . . . . ▶                                                             |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| Other Revenue                                                                                          | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                   |                      | 529,714                                     |                                  | 529,714                                                     |
|                                                                                                        | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                          |                      |                                             |                                  |                                                             |
|                                                                                                        | <b>5</b> Royalties . . . . . ▶                                                                                                                         |                      |                                             |                                  |                                                             |
|                                                                                                        |                                                                                                                                                        | (i) Real             | (ii) Personal                               |                                  |                                                             |
|                                                                                                        | <b>6a</b> Gross rents                                                                                                                                  | <b>6a</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>b</b> Less: rental<br>expenses                                                                                                                      | <b>6b</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>c</b> Rental income<br>or (loss)                                                                                                                    | <b>6c</b>            |                                             |                                  |                                                             |
|                                                                                                        | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                       |                      |                                             |                                  |                                                             |
|                                                                                                        |                                                                                                                                                        | (i) Securities       | (ii) Other                                  |                                  |                                                             |
|                                                                                                        | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                              | <b>7a</b>            | 3,830,795                                   |                                  |                                                             |
|                                                                                                        | <b>b</b> Less: cost or<br>other basis and<br>sales expenses                                                                                            | <b>7b</b>            | 4,069,913                                   |                                  |                                                             |
|                                                                                                        | <b>c</b> Gain or (loss)                                                                                                                                | <b>7c</b>            | -239,118                                    |                                  |                                                             |
|                                                                                                        | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                                |                      | -239,118                                    |                                  | -239,118                                                    |
|                                                                                                        | <b>8a</b> Gross income from fundraising events<br>(not including \$ 42,736 of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>8a</b>            | 53,926                                      |                                  |                                                             |
|                                                                                                        | <b>b</b> Less: direct expenses . . . . .                                                                                                               | <b>8b</b>            | 19,904                                      |                                  |                                                             |
|                                                                                                        | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                          |                      | 34,022                                      |                                  | 34,022                                                      |
|                                                                                                        | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                       | <b>9a</b>            | 5,110                                       |                                  |                                                             |
|                                                                                                        | <b>b</b> Less: direct expenses . . . . .                                                                                                               | <b>9b</b>            | 0                                           |                                  |                                                             |
|                                                                                                        | <b>c</b> Net income or (loss) from gaming activities . . . ▶                                                                                           |                      | 5,110                                       |                                  | 5,110                                                       |
|                                                                                                        | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . .                                                                              | <b>10a</b>           |                                             |                                  |                                                             |
| <b>b</b> Less: cost of goods sold . . .                                                                | <b>10b</b>                                                                                                                                             |                      |                                             |                                  |                                                             |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶                                          |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| Miscellaneous Revenue                                                                                  |                                                                                                                                                        | Business Code        |                                             |                                  |                                                             |
| <b>11a</b>                                                                                             |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| <b>b</b>                                                                                               |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| <b>c</b>                                                                                               |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| <b>d</b> All other revenue . . . . .                                                                   |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                                          |                                                                                                                                                        |                      |                                             |                                  |                                                             |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                                  |                                                                                                                                                        | 1,478,694            | 0                                           | 0                                | 329,728                                                     |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                       | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                     | 1,268,696                    | 1,268,696                              |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                | 77,167                       | 77,167                                 |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                          |                              |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                 | 48,122                       |                                        | 48,122                                        |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                            |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                                 | 214,812                      |                                        | 107,803                                       | 107,009                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                                      | 10,274                       |                                        | 4,212                                         | 6,062                              |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                                  | 33,372                       |                                        | 13,682                                        | 19,690                             |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                           | 14,233                       |                                        | 5,835                                         | 8,398                              |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                               | 3,668                        |                                        | 3,668                                         |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                            | 69,460                       |                                        |                                               | 69,460                             |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                               | 66,755                       |                                        | 66,755                                        |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                         | 21,697                       |                                        | 15                                            | 21,682                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                               | 19                           |                                        |                                               | 19                                 |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                         | 7,389                        |                                        |                                               | 7,389                              |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                                  | 3,464                        |                                        |                                               | 3,464                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                  | 25                           |                                        |                                               | 25                                 |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                               | 711                          |                                        | 711                                           |                                    |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                 |                              |                                        |                                               |                                    |
| <b>a</b> MISCELLANEOUS EXPENSE                                                                                                                                                                                                                              | 15,563                       |                                        |                                               | 15,563                             |
| <b>b</b>                                                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>c</b>                                                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>d</b>                                                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                         | 1,855,427                    | 1,345,863                              | 250,803                                       | 258,761                            |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 101,362                  | <b>1</b>     | 428,852            |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 2,518                    | <b>2</b>     | 21,312             |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 304,452                  | <b>3</b>     | 219,025            |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    |                          | <b>4</b>     |                    |
|                                                                                      | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>     |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>     |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>     |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>     |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       |                          | <b>9</b>     |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | <b>10a</b> 15,076        |              |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b> 15,076        | <b>10c</b> 0 | 0                  |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 18,345,791               | <b>11</b>    | 20,804,933         |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b>    |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          | 2,859,528                | <b>13</b>    | 2,933,013          |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b>    |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |                          | <b>15</b>    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 21,613,651                                                                                                                                                                                                                     | <b>16</b>                | 24,407,135   |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 19,424                   | <b>17</b>    | 58,848             |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b>    |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           | -1,200                   | <b>19</b>    | 0                  |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b>    |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b>    |                    |
|                                                                                      | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>    |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b>    |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b>    |                    |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                              | 158,683                  | <b>25</b>    | 138,114            |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                          | 176,907                  | <b>26</b>    | 196,962            |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |              |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 15,088,721               | <b>27</b>    | 17,135,211         |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 6,348,023                | <b>28</b>    | 7,074,962          |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |              |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b>    |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b>    |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b>    |                    |
| <b>32</b> <b>Total net assets or fund balances</b> . . . . .                         | 21,436,744                                                                                                                                                                                                                     | <b>32</b>                | 24,210,173   |                    |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 21,613,651                                                                                                                                                                                                                     | <b>33</b>                | 24,407,135   |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                                |           |            |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 1,478,694  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 1,855,427  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -376,733   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 21,436,744 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 3,076,677  |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 73,485     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 24,210,173 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| <b>3a</b> 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>b</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.                                                                                                                                                                                                      |     |    |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 42-1222381  
**Name:** TRINITY HEALTH FOUNDATION

Form 990 (2019)

**Form 990, Part III, Line 4a:**

GRANTS, ALLOCATIONS AND PROGRAM SUPPORTTRINITY HEALTH FOUNDATION'S PURPOSE IS TO RAISE FUNDS TO MAINTAIN, DEVELOP, INCREASE AND EXTEND THE FACILITIES AND SERVICES OF TRINITY REGIONAL MEDICAL CENTER IN FORT DODGE, IOWA, AND TO PROVIDE BROADER HOSPITAL, MEDICAL AND EDUCATIONAL SERVICE OPPORTUNITIES TO ITS PATIENTS, STUDENTS, STAFF, FACULTY AND RESIDENTS OF THE GEOGRAPHICAL AREA IT SERVES. IT SUPPORTS THE MISSIONS OF TRINITY HEALTH SYSTEMS, INC. AND ITS SUBSIDIARIES BY RAISING FINANCIAL CONTRIBUTIONS AND INVESTING THE PROCEEDS.THE GRANT, ALLOCATIONS AND PROGRAM SUPPORT SERVICES MAY INCLUDE:- CONTRIBUTIONS TO TRINITY REGIONAL MEDICAL CENTER FOR EQUIPMENT PURCHASES, TO OFFSET OPERATING EXPENSES AND MISCELLANEOUS.- SCHOLARSHIPS AND/OR LECTURESHIPS AWARDED TO INDIVIDUALS ASSOCIATED WITH TRINITY REGIONAL MEDICAL CENTER.- GRANTS TO LOCAL RURAL HEALTH COMMUNITIES ASSOCIATED WITH TRINITY REGIONAL MEDICAL CENTER.- MISCELLANEOUS GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS AND/OR INDIVIDUALS ASSOCIATED WITH TRINITY REGIONAL MEDICAL CENTER.

SCHEDULE A  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRINITY HEALTH FOUNDATION

Employer identification number  
42-1222381

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 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                                |                                                             |    |                                                   |                                                 |

**Part II**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>Section A. Public Support</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                                                                                                                                                                                                                                                | 893,310         | 1,398,401       | 1,139,686       | 945,283         | 1,148,966       | 5,525,646        |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                                                                                                                                                                                                                                              |                 |                 |                 |                 |                 |                  |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                           | 893,310         | 1,398,401       | 1,139,686       | 945,283         | 1,148,966       | 5,525,646        |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .                                                                                                                                                                                                                              |                 |                 |                 |                 |                 | 984,577          |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |                 |                 |                 | 4,541,069        |
| <b>Section B. Total Support</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
| <b>7</b> Amounts from line 4. . .                                                                                                                                                                                                                                                                                                                                                                                                               | 893,310         | 1,398,401       | 1,139,686       | 945,283         | 1,148,966       | 5,525,646        |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .                                                                                                                                                                                                                                                                                                  | 737,717         | 655,294         | 475,696         | 508,359         | 529,714         | 2,906,780        |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                                                                                                                                                                                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                                                                                                                                                                                                                                                                                                                  | 32,465          | 29,885          | 31,246          | 49,517          | 53,926          | 197,039          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 | 8,629,465        |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |                 | <b>12</b>       | 20               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                             |                 |                 |                 |                 |                 |                  |
| <b>Section C. Computation of Public Support Percentage</b>                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |                 |                 |                  |
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |                 | <b>14</b>       | 52.620 %         |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |                 | <b>15</b>       | 48.620 %         |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                        |                 |                 |                 |                 |                 |                  |
| <b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |                 |                 |                 |                 |                 |                  |
| <b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |                 |                 |                 |                 |                 |                  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                               |                 |                 |                 |                 |                 |                  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .                                                                     |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .                                                                                                                                                                                                  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .                                                                                       |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                    |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                             |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                      |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .                                                                                                                                                                       |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|                                                                                                                        |           |  |
|------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |  |  |

Part V

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

| <div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> |                                                                                                                                                                                                          |                |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| Section A - Adjusted Net Income                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                                                                                                                                                                                                                                                                                                             | Net short-term capital gain                                                                                                                                                                              | 1              |                                |
| 2                                                                                                                                                                                                                                                                                                                             | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                                |
| 3                                                                                                                                                                                                                                                                                                                             | Other gross income (see instructions)                                                                                                                                                                    | 3              |                                |
| 4                                                                                                                                                                                                                                                                                                                             | Add lines 1 through 3                                                                                                                                                                                    | 4              |                                |
| 5                                                                                                                                                                                                                                                                                                                             | Depreciation and depletion                                                                                                                                                                               | 5              |                                |
| 6                                                                                                                                                                                                                                                                                                                             | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                                                                                                                                                                                                                                                                                                                             | Other expenses (see instructions)                                                                                                                                                                        | 7              |                                |
| 8                                                                                                                                                                                                                                                                                                                             | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                                |
| Section B - Minimum Asset Amount                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                                                                                                                                                                                                                                                                                                             | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | 1              |                                |
| a                                                                                                                                                                                                                                                                                                                             | Average monthly value of securities                                                                                                                                                                      | 1a             |                                |
| b                                                                                                                                                                                                                                                                                                                             | Average monthly cash balances                                                                                                                                                                            | 1b             |                                |
| c                                                                                                                                                                                                                                                                                                                             | Fair market value of other non-exempt-use assets                                                                                                                                                         | 1c             |                                |
| d                                                                                                                                                                                                                                                                                                                             | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d             |                                |
| e                                                                                                                                                                                                                                                                                                                             | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):                                                                                                                    |                |                                |
| 2                                                                                                                                                                                                                                                                                                                             | Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | 2              |                                |
| 3                                                                                                                                                                                                                                                                                                                             | Subtract line 2 from line 1d                                                                                                                                                                             | 3              |                                |
| 4                                                                                                                                                                                                                                                                                                                             | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                                                                                          | 4              |                                |
| 5                                                                                                                                                                                                                                                                                                                             | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5              |                                |
| 6                                                                                                                                                                                                                                                                                                                             | Multiply line 5 by .035                                                                                                                                                                                  | 6              |                                |
| 7                                                                                                                                                                                                                                                                                                                             | Recoveries of prior-year distributions                                                                                                                                                                   | 7              |                                |
| 8                                                                                                                                                                                                                                                                                                                             | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8              |                                |
| Section C - Distributable Amount                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                | Current Year                   |
| 1                                                                                                                                                                                                                                                                                                                             | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | 1              |                                |
| 2                                                                                                                                                                                                                                                                                                                             | Enter 85% of line 1                                                                                                                                                                                      | 2              |                                |
| 3                                                                                                                                                                                                                                                                                                                             | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | 3              |                                |
| 4                                                                                                                                                                                                                                                                                                                             | Enter greater of line 2 or line 3                                                                                                                                                                        | 4              |                                |
| 5                                                                                                                                                                                                                                                                                                                             | Income tax imposed in prior year                                                                                                                                                                         | 5              |                                |
| 6                                                                                                                                                                                                                                                                                                                             | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | 6              |                                |
| 7                                                                                                                                                                                                                                                                                                                             | <div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                      |                |                                |

Part V

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

| Section D - Distributions                                                                                                                   | Current Year |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                     |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                     |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                 |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                 |              |
| 6 Other distributions (describe in Part VI). See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6.                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6                                                                                      |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                   |              |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                      | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2019 from Section C, line 6                                                                                                                          |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.                                                       |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2019:                                                                                                                              |                             |                                        |                                           |
| a From 2014. . . . .                                                                                                                                                            |                             |                                        |                                           |
| b From 2015. . . . .                                                                                                                                                            |                             |                                        |                                           |
| c From 2016. . . . .                                                                                                                                                            |                             |                                        |                                           |
| d From 2017. . . . .                                                                                                                                                            |                             |                                        |                                           |
| e From 2018. . . . .                                                                                                                                                            |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                                                   |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                  |                             |                                        |                                           |
| h Applied to 2019 distributable amount                                                                                                                                          |                             |                                        |                                           |
| i Carryover from 2014 not applied (see instructions)                                                                                                                            |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                             |                             |                                        |                                           |
| 4 Distributions for 2019 from Section D, line 7:                                                                                                                                |                             |                                        |                                           |
| \$                                                                                                                                                                              |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                  |                             |                                        |                                           |
| b Applied to 2019 distributable amount                                                                                                                                          |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                   |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.                                                                                                                  |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                          |                             |                                        |                                           |
| a Excess from 2015. . . . .                                                                                                                                                     |                             |                                        |                                           |
| b Excess from 2016. . . . .                                                                                                                                                     |                             |                                        |                                           |
| c Excess from 2017. . . . .                                                                                                                                                     |                             |                                        |                                           |
| d Excess from 2018. . . . .                                                                                                                                                     |                             |                                        |                                           |
| e Excess from 2019. . . . .                                                                                                                                                     |                             |                                        |                                           |

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

| Facts And Circumstances Test |
|------------------------------|
|                              |

**990 Schedule A, Supplemental Information**

| Return Reference                                           | Explanation                                                                                                                                     |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | SPECIAL EVENTS INCOME - 2015 AMOUNT: \$ 32,465. 2016 AMOUNT: \$ 29,885. 2017 AMOUNT: \$ 31,246. 2018 AMOUNT: \$ 49,517. 2019 AMOUNT: \$ 53,926. |

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRINITY HEALTH FOUNDATION

Employer identification number  
42-1222381

Part I

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

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 17,157,265       | 18,172,677     | 16,056,610         | 14,631,421           | 15,250,121          |
| b Contributions . . . . .                                  | 125,500          | 1,690          | 581,902            | 10,783               | 9,181               |
| c Net investment earnings, gains, and losses               | 2,247,125        | -751,326       | 2,094,884          | 1,444,211            | -627,400            |
| d Grants or scholarships . . . . .                         | 4,517            | 264,086        | 560,719            | 29,806               | 480                 |
| e Other expenditures for facilities and programs . . . . . |                  | 1,690          |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 19,525,373       | 17,157,265     | 18,172,677         | 16,056,610           | 14,631,422          |

2

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

a

Board designated or quasi-endowment ▶ 93.330 %

b

Permanent endowment ▶ 5.040 %

c

Temporarily restricted endowment ▶ 1.630 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                     |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                     |                                      | 15,076                          | 15,076                       | 0              |
| e Other . . . . .                                                                                         |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 0              |

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) GEORGE MURPHY BENEFICIAL TRUST - WELLS FARGO BANK               | 2,933,013      | F                                                            |
| (2)                                                                 |                |                                                              |
| (3)                                                                 |                |                                                              |
| (4)                                                                 |                |                                                              |
| (5)                                                                 |                |                                                              |
| (6)                                                                 |                |                                                              |
| (7)                                                                 |                |                                                              |
| (8)                                                                 |                |                                                              |
| (9)                                                                 |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 2,933,013      |                                                              |

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

| (a) Description of liability                                        | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| (2)                                                                 |                |
| (3)                                                                 |                |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 138,114        |

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



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

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

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 3,226,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 2,926,151 |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> | 20,072    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 2,946,223 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 279,777   |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 62,836    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> | 1,136,081 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 1,198,917 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 1,478,694 |

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

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

|          |                                                                                                           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 540,000   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> | 19,904    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 19,904    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 520,096   |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 62,836    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> | 1,272,495 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 1,335,331 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 1,855,427 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 42-1222381  
**Name:** TRINITY HEALTH FOUNDATION

**Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                          |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |

**Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2:  | <p>UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE. THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2016. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS. CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL.</p> |

| Supplemental Information              |                                              |
|---------------------------------------|----------------------------------------------|
| Return Reference                      | Explanation                                  |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | SPECIAL EVENT EXPENSES 19,904. ROUNDING 168. |

| Supplemental Information              |                                                           |
|---------------------------------------|-----------------------------------------------------------|
| Return Reference                      | Explanation                                               |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | REVENUES IN NET ASSETS WITH DONOR RESTRICTIONS 1,136,081. |

| Supplemental Information               |                                |
|----------------------------------------|--------------------------------|
| Return Reference                       | Explanation                    |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | SPECIAL EVENT EXPENSES 19,904. |

| Supplemental Information               |                                                                         |
|----------------------------------------|-------------------------------------------------------------------------|
| Return Reference                       | Explanation                                                             |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | EXPENSES IN NET ASSETS WITH DONOR RESTRICTIONS 1,272,173. ROUNDING 322. |



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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRINITY HEALTH FOUNDATION

Employer identification number  
42-1222381

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

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (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 |                                   |                                                                   |                                                   |
| THOMPSON & ASSOCIATES OF IOWA INC<br>229 WARD CIRCLE SUITE A-23<br><br>BRENTWOOD, TN 37027 | ESTATE PLANNING |                                                                | No | 0                                 | 63,960                                                            | 0                                                 |
| STELTER COMPANY<br>10435 NEW YORK AVENUE<br><br>DES MOINES, IA 50322                       | WEBSITE         |                                                                | No | 0                                 | 5,500                                                             | 0                                                 |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
|                                                                                            |                 |                                                                |    |                                   |                                                                   |                                                   |
| Total                                                                                      |                 |                                                                |    |                                   | 69,460                                                            |                                                   |

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

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

|                                                                                    |                                                                                   | (a) Event #1                        | (b) Event #2                            | (c) Other events           | (d) Total events                |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------|---------------------------------|
|                                                                                    |                                                                                   | <b>HOSPICE BALL</b><br>(event type) | <b>SWING FOR A CURE</b><br>(event type) | <b>0</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue                                                                            | <b>1</b> Gross receipts . . . . .                                                 | 73,242                              | 23,420                                  |                            | 96,662                          |
|                                                                                    | <b>2</b> Less: Contributions . . . . .                                            | 25,390                              | 17,346                                  |                            | 42,736                          |
|                                                                                    | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 47,852                              | 6,074                                   |                            | 53,926                          |
|                                                                                    |                                                                                   |                                     |                                         |                            |                                 |
| Direct Expenses                                                                    | <b>4</b> Cash prizes . . . . .                                                    |                                     | 2,900                                   |                            | 2,900                           |
|                                                                                    | <b>5</b> Noncash prizes . . . . .                                                 |                                     |                                         |                            |                                 |
|                                                                                    | <b>6</b> Rent/facility costs . . . . .                                            | 10,311                              |                                         |                            | 10,311                          |
|                                                                                    | <b>7</b> Food and beverages . . . . .                                             |                                     |                                         |                            |                                 |
|                                                                                    | <b>8</b> Entertainment . . . . .                                                  |                                     |                                         |                            |                                 |
|                                                                                    | <b>9</b> Other direct expenses . . . . .                                          | 6,693                               |                                         |                            | 6,693                           |
|                                                                                    | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                     |                                         |                            | 19,904                          |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                                                   |                                     |                                         | 34,022                     |                                 |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11

Does the organization conduct 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 conducted in:

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

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

Name ▶

Address ▶

15a

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

☐ 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 of the third party:

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference                        | Explanation                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE G, PART I, LINE 2B, COLUMN (V) | THOMPSON & ASSOCIATES OF IOWA IS PAID A CONSULTING FEE FOR ESTATE PLANNING THAT TOTALLED \$60,000 IN 2019. EXPENSE REIMBURSEMENTS WERE PAID RELATED TO THIS ACTIVITY IN THE AMOUNT OF \$3,960 IN 2019. STELTER COMPANY IS PAID A CONSULTING FEE FOR DIGITAL MARKETING PLATFORM SERVICES THAT TOTALLED \$5,500 IN 2019. |

|                                                                                                              |  |                                                                                                                                                                                                                                                                                                                     |  |                           |  |
|--------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|
| efile GRAPHIC print - DO NOT PROCESS                                                                         |  | As Filed Data -                                                                                                                                                                                                                                                                                                     |  | DLN: 93493318069930       |  |
| Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. |  |                                                                                                                                                                                                                                                                                                                     |  |                           |  |
| Schedule I<br>(Form 990)                                                                                     |  | Grants and Other Assistance to Organizations,<br>Governments and Individuals in the United States<br>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |  |                           |  |
|                                                                                                              |  |                                                                                                                                                                                                                                                                                                                     |  |                           |  |
| Department of the Treasury<br>Internal Revenue Service                                                       |  | OMB No. 1545-0047                                                                                                                                                                                                                                                                                                   |  | 2019                      |  |
| Name of the organization<br>TRINITY HEALTH FOUNDATION                                                        |  | Employer identification number<br>42-1222381                                                                                                                                                                                                                                                                        |  | Open to Public Inspection |  |

|                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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? . . . . . |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.                                                                                                                       |  |

| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |            |                                 |                          |                                   |                                                       |                                       |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                                                                                                                                                             | (b) EIN    | (c) IRC 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) TRINITY REGIONAL MEDICAL CENTER<br>802 KENYON ROAD<br>FORT DODGE, IA 50501                                                                                                                                                                                                 | 42-1009175 | 501(C)(3)                       | 1,112,382                |                                   |                                                       |                                       | PROGRAM SUPPORT                    |
| (2) UNITYPOINT AT HOME<br>11333 AURORA AVE<br>URBANDALE, IA 50322                                                                                                                                                                                                              | 42-1477471 | 501(C)(3)                       | 154,466                  |                                   |                                                       |                                       | PROGRAM SUPPORT                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .                                                                                                                                                                    |            |                                 |                          |                                   |                                                       |                                       | 2                                  |
| 3 Enter total number of other organizations listed in the line 1 table . . . . .                                                                                                                                                                                               |            |                                 |                          |                                   |                                                       |                                       | 0                                  |

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

| (a) Type of grant or assistance            | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1) SCHOLARSHIPS                           | 22                       | 72,319                   |                                  |                                                       |                                       |
| (2) MEDICAL, DENTAL, AND HOSPITAL EXPENSES | 52                       | 4,848                    |                                  |                                                       |                                       |
| (2)                                        |                          |                          |                                  |                                                       |                                       |
| (3)                                        |                          |                          |                                  |                                                       |                                       |
| (4)                                        |                          |                          |                                  |                                                       |                                       |
| (5)                                        |                          |                          |                                  |                                                       |                                       |
| (6)                                        |                          |                          |                                  |                                                       |                                       |
| (7)                                        |                          |                          |                                  |                                                       |                                       |

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2:  | TRINITY HEALTH FOUNDATION REQUIRES EACH RECIPIENT OF THE GRANTS MENTIONED IN PART II & III (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT THROUGH A STRUCTURED PROCESS AND OUTLINES A SERIES OF ELIGIBILITY STANDARDS THAT ARE REQUIRED TO BE MET. THE APPROPRIATE FOUNDATION STAFF THEN REVIEWS THESE APPLICATIONS FOR COMPLETENESS AND COMPLIANCE. AFTER ELIGIBILITY FOR GRANT REVIEW IS ESTABLISHED THE APPLICATION IS FORWARDED TO THE FOUNDATION'S DESIGNATED BOARD COMMITTEE FOR REVIEW. THE COMMITTEE MAKES GRANT RECOMMENDATIONS TO THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION BOARD OF DIRECTORS MAKES THE FINAL DECISION ON ALL GRANT AWARDS. |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRINITY HEALTH FOUNDATION

Employer identification number  
42-1222381

Part I

Questions Regarding Compensation

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual.

[illegible]

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

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

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINES 4A-B | SEVERANCE PAYMENTS: THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS DURING THE YEAR THAT WERE INCLUDED IN THEIR TAXABLE INCOME: BRENT FEICKERT \$188,210. NONQUALIFIED RETIREMENT PLAN EARNINGS: THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: MIKE DEWERFF \$80,287, BRENT FEICKERT \$3,967, LEAH GLASGO \$81,611, AND SUSAN THOMPSON \$492,149. NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS: THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED PLAN: BRENT FEICKERT \$51,577. PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS. |



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

Department of the Treasury

Name of the organization  
TRINITY HEALTH FOUNDATION

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

42-1222381

**990 Schedule O, Supplemental Information**

| Return Reference                | Explanation                                                                                                                                                                                                                                                       |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART V, LINES 1A & 1B | CASH DISBURSEMENTS ARE CENTRALIZED THROUGH THE PARENT ORGANIZATION, IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH SYSTEM). THE PARENT MAKES THE PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL UNITYPOINT HEALTH SYSTEM RELATED ORGANIZATIONS. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 3 | THE ORGANIZATION USED AN EMPLOYEE OF THE MANAGEMENT COMPANY RANSTAD NORTH AMERICA, INC. TO PROVIDE INTERIM CHIEF FINANCIAL OFFICER DUTIES DURING THE TAX YEAR. THE EMPLOYEE'S NAME WAS GEORGE "JAY" HOFFMAN, JR., SERVED FROM 02/19 - 09/19 AND FEES PAID BY RELATED ORGANIZATIONS WERE \$404,996. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                            |
|-----------------------------------------------|----------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | TRINITY HEALTH SYSTEMS, INC., A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS SOLE MEMBER. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | TRINITY HEALTH SYSTEMS, INC., AS SOLE MEMBER, APPROVES BOARD OF DIRECTORS, BUDGETS, APPOINTS PRESIDENT/CEO, APPROVES ESTABLISHING SUBSIDIARIES, AFFILIATES AND JOINT VENTURES, APPROVES MERGERS, CONSOLIDATIONS OR DISSOLUTIONS, AND APPROVES CHANGES IN PURPOSE. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED INTERNALLY BY THE IOWA HEALTH SYSTEM TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW. A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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: 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION. THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES. ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION,</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS: 1 ) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES; THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH; IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | <p>THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH EXECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE. BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE TOP 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 REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2019 FOR THE FOLLOWING INDIVIDUALS: MIKE DEWERFF, LEAH GLASGO AND SUSAN THOMPSON. THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.</p> |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL DEPARTMENT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE, WWW.UNITYPOINT.ORG. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation                                                             |
|----------------------------------|-------------------------------------------------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9: | CHANGE IN BENEFICIAL INTEREST OF GEORGE MURPHY BENEFICIAL TRUST 73,485. |

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As Filed Data -

DLN: 93493318069930

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRINITY HEALTH FOUNDATION

Employer identification number  
42-1222381

Part I

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

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

See Additional Data Table

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

**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.

See Additional Data Table

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

**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.

See Additional Data Table

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

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

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

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

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(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** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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**

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

| Return Reference          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PARTS I - IV: | IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH) THIS ENTITY IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). AS THE NATION'S 13TH LARGEST NONPROFIT HEALTH SYSTEM, UNITYPOINT HEALTH PROVIDES PROGRESSIVE AND HIGH QUALITY SERVICES ACROSS ITS 9 REGIONS WHICH SPAN IOWA, WESTERN ILLINOIS AND SOUTHERN WISCONSIN. THIS REGIONAL CARE MODEL HAS BEEN SUCCESSFUL IN ACHIEVING STANDARDIZED LEVELS OF PERFORMANCE AND KEEPING CARE LOCAL. WITH \$4.6B IN TOTAL OPERATING REVENUE, UNITYPOINT HEALTH EMPLOYS APPROXIMATELY 33,000 TEAM MEMBERS AND OPERATES 20 REGIONAL HOSPITALS, 19 COMMUNITY NETWORK HOSPITALS AND OVER 400 CLINICS. AS A KEY COMPONENT OF UNITYPOINT HEALTH, UNITYPOINT CLINIC IS A 1,100 PROVIDER MULTISPECIALTY GROUP THAT IS BUILT ON THE FOUNDATION OF CARE DELIVERY, INNOVATION AND EXPERIENCE. REPRESENTED BY OVER 40 SPECIALTIES, UPC IS A FORWARD-THINKING DELIVERY PROVIDER AND IS ON THE LEADING EDGE OF CARE DELIVERY WITH ITS TELEHEALTH, AMBULATORY AND URGENT CARE PROGRAMS. THE DIVERSIFIED HEALTH SYSTEM ALSO INCLUDES UNITYPOINT ACCOUNTABLE CARE, UNITYPOINT HEALTH COLLEGES, UNITYPOINT AT HOME AND EXTENDS HEALTH COVERAGE THROUGH THE HEALTHPARTNERS UNITYPOINT INSURANCE PLAN. |

Additional Data

Software ID:  
Software Version:  
EIN: 42-1222381  
Name: TRINITY HEALTH FOUNDATION

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

| (a)<br>Name, address, and EIN of related organization             | (b)<br>Primary activity                                              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                             | (g)<br>Section 512 (b)(13) controlled entity? |    |
|-------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----|
|                                                                   |                                                                      |                                                  |                            |                                                     |                                                              | Yes                                           | No |
| 740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>42-1045257           | MENTAL HEALTH CARE                                                   | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | ABBEHEALTH INC                                               |                                               | No |
| 740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>42-1373123           | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE<br>HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | ST LUKE'S HEALTHCARE                                         |                                               | No |
| 740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>23-7085316           | SENIOR SERVICES                                                      | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | ABBEHEALTH INC                                               |                                               | No |
| 1825 LOGAN AVENUE<br>WATERLOO, IA 50703<br>42-1351526             | EDUCATE AND DEVELOP<br>HEALTHCARE<br>PROFESSIONALS                   | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(II)                                   | ALLEN HEALTH SYSTEMS<br>INC                                  |                                               | No |
| 1825 LOGAN AVENUE<br>WATERLOO, IA 50703<br>42-1201924             | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE<br>HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                                           |                                               | No |
| 1825 LOGAN AVENUE<br>WATERLOO, IA 50703<br>42-0698265             | HOSPITAL                                                             | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | ALLEN HEALTH SYSTEMS<br>INC                                  |                                               | No |
| 101 GRANT WOOD DRIVE<br>ANAMOSA, IA 52205<br>42-1466284           | PROVIDE AMBULANCE<br>SERVICES                                        | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | ST LUKE'SJONES<br>REGIONAL MEDICAL<br>CENTER                 |                                               | No |
| 3251 WEST NINTH STREET<br>WATERLOO, IA 50702<br>42-0733463        | MENTAL HEALTH CARE                                                   | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | ALLEN HEALTH SYSTEMS<br>INC                                  |                                               | No |
| 4869 FOREST GROVE DRIVE<br>BETTENDORF, IA 52722<br>42-1134273     | SUBSTANCE ABUSE<br>SERVICES                                          | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | THE ROBERT YOUNG<br>CENTER FOR<br>COMMUNITY MENTAL<br>HEALTH |                                               | No |
| 1200 PLEASANT STREET<br>DES MOINES, IA 50309<br>42-1233759        | PROPERTY HOLDING<br>COMPANY                                          | IA                                               | 501(C)(2)                  |                                                     | CENTRAL IOWA HEALTH<br>SYSTEM                                |                                               | No |
| 1200 PLEASANT STREET<br>DES MOINES, IA 50309<br>42-1189791        | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE<br>HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                                           |                                               | No |
| 1200 PLEASANT STREET<br>DES MOINES, IA 50309<br>42-0680452        | HOSPITAL                                                             | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | CENTRAL IOWA HEALTH<br>SYSTEM                                |                                               | No |
| 740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>42-1302928           | MENTAL HEALTH AND/OR<br>DISABILITY RESIDENTIAL<br>TREATMENT SERVICES | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | ABBEHEALTH INC                                               |                                               | No |
| 1415 WOODLAND AVE SUITE 130<br>DES MOINES, IA 50309<br>42-1412497 | COORDINATION OF<br>MEDICAL EDUCATION<br>PROGRAMS                     | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 |                                                              |                                               | No |
| 945 19TH STREET<br>DES MOINES, IA 50314<br>42-0942273             | MENTAL HEALTH CARE                                                   | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | CENTRAL IOWA HEALTH<br>SYSTEM                                |                                               | No |
| 350 NORTH GRANDVIEW AVENUE<br>DUBUQUE, IA 52001<br>42-1307495     | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE<br>HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                                           |                                               | No |
| 3820 HILLSIDE DRIVE<br>CEDAR FALLS, IA 50613<br>42-1372380        | CHARITABLE<br>FUNDRAISING                                            | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | ALLEN HEALTH SYSTEMS<br>INC                                  |                                               | No |
| 210 FOURTH AVENUE<br>GRINNELL, IA 50112<br>42-0933383             | HOSPITAL                                                             | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | CENTRAL IOWA HEALTH<br>SYSTEM                                |                                               | No |
| 210 FOURTH AVENUE<br>GRINNELL, IA 50112<br>23-7075505             | CHARITABLE<br>FUNDRAISING AND<br>VOLUNTEER SERVICES                  | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE I                                   | GRINNELL REGIONAL<br>MEDICAL CENTER                          |                                               | No |
| 210 FOURTH AVENUE<br>GRINNELL, IA 50112<br>42-1454737             | CHARITABLE<br>FUNDRAISING                                            | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE I                                   | GRINNELL REGIONAL<br>MEDICAL CENTER                          |                                               | No |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                                       |                                                  |                            |                                                     |                                       |                                               |
|------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|---------------------------------------|-----------------------------------------------|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                               | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |
|                                                                                    |                                                       |                                                  |                            |                                                     |                                       | YesNo                                         |
| 5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>36-3510390                             | HEALTH EDUCATION TO THE COMMUNITY                     | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | PROCTOR HOSPITAL                      | No                                            |
| 600 FAYETTE PO BOX 1346<br>PEORIA, IL 61654<br>37-1004882                          | MENTAL HEALTH CARE                                    | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | UNITYPOINT HEALTH - UNITYPLACE        | No                                            |
| 1415 WOODLAND AVE SUITE E-200<br>DES MOINES, IA 50309<br>42-1467682                | CHARITABLE FUNDRAISING                                | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | CENTRAL IOWA HEALTH SYSTEM            | No                                            |
| 1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>42-1435199                | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE    | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 |                                       | No                                            |
| 1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>42-1411630                | PRIMARY HEALTH CARE SERVICES                          | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | IOWA HEALTH SYSTEM                    | No                                            |
| 1600 MORGAN STREET<br>KEOKUK, IA 52632<br>42-0710268                               | HOSPITAL                                              | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | KEOKUK HEALTH SYSTEMS INC             | No                                            |
| 1600 MORGAN STREET<br>KEOKUK, IA 52632<br>42-1202608                               | CHARITABLE FUNDRAISING                                | IA                                               | 501(C)(3)                  | 509(A)(3) TYPE II                                   | KEOKUK HEALTH SYSTEMS INC             | No                                            |
| 1600 MORGAN STREET<br>KEOKUK, IA 52632<br>42-1237361                               | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE    | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                    | No                                            |
| 1825 LOGAN AVENUE<br>WATERLOO, IA 50703<br>42-1201138                              | CHARITABLE FUNDRAISING                                | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | ALLEN HEALTH SYSTEMS INC              | No                                            |
| 202 SOUTH PARK STREET<br>MADISON, WI 53715<br>23-7098688                           | CHARITABLE FUNDRAISING                                | WI                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | MERITER HEALTH SERVICES INC           | No                                            |
| 202 SOUTH PARK STREET<br>MADISON, WI 53715<br>39-1412318                           | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE    | WI                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | IOWA HEALTH SYSTEM                    | No                                            |
| 202 SOUTH PARK STREET<br>MADISON, WI 53715<br>39-0806367                           | HOSPITAL                                              | WI                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | MERITER HEALTH SERVICES INC           | No                                            |
| 202 SOUTH PARK STREET<br>MADISON, WI 53715<br>05-0545222                           | SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES | WI                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | MERITER HOSPITAL INC                  | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>37-1111135                    | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE    | IL                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | IOWA HEALTH SYSTEM                    | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>51-0186460                    | CHARITABLE FUNDRAISING                                | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | METHODIST HEALTH SERVICES CORPORATION | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>37-0661223                    | HOSPITAL                                              | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | METHODIST HEALTH SERVICES CORPORATION | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>37-1111134                    | OFFICE RENTAL                                         | IL                                               | 501(C)(3)                  | 509(A)(2)                                           | METHODIST HEALTH SERVICES CORPORATION | No                                            |
| 1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402<br>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          | No                                            |
| 720 KENYON DRIVE<br>FORT DODGE, IA 50501<br>42-0937390                             | MENTAL HEALTH CARE                                    | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | TRINITY HEALTH SYSTEMS INC            | No                                            |
| 2720 STONE PARK BLVD<br>SIOUX CITY, IA 51104<br>42-1019872                         | HOSPITAL                                              | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | ST LUKE'S HEALTH SYSTEM INC           | No                                            |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                                                |                                                  |                            |                                                     |                                       |                                               |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|---------------------------------------|-----------------------------------------------|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |
|                                                                                    |                                                                |                                                  |                            |                                                     |                                       | YesNo                                         |
| 600 SOUTH 13TH STREET<br>PEKIN, IL 61554<br>37-1178386                             | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE             | IL                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | PROGRESSIVE HEALTH SYSTEMS            | No                                            |
| 600 SOUTH 13TH STREET<br>PEKIN, IL 61554<br>37-0692351                             | HOSPITAL                                                       | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | PROGRESSIVE HEALTH SYSTEMS            | No                                            |
| 740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>42-1421803                            | RESIDENTIAL TREATMENT SERVICES FOR INDEPENDENT LIVING          | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | ABBEHEALTH INC                        | No                                            |
| 1900 SPRING ROAD STE 300<br>OAK BROOK, IL 60523<br>26-1755679                      | MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | TAZWOOD MENTAL HEALTH CENTER INC      | No                                            |
| 5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>37-1133412                             | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE             | IL                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | METHODIST HEALTH SERVICES CORPORATION | No                                            |
| 5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>36-4147437                             | PRIMARY HEALTH CARE SERVICES                                   | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | PROCTOR HEALTH CARE INCORPORATED      | No                                            |
| 5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>37-0681540                             | HOSPITAL                                                       | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | PROCTOR HEALTH CARE INCORPORATED      | No                                            |
| 600 SOUTH 13TH STREET<br>PEKIN, IL 61554<br>37-1200263                             | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE             | IL                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                    | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>37-6181831                    | FUND SELF-INSURANCE PLAN                                       | IL                                               | 501(C)(3)                  | 509(A)(3), TYPE I                                   | METHODIST MEDICAL CENTER OF ILLINOIS  | No                                            |
| 1200 TRI VIEW AVE<br>SIOUX CITY, IA 51103<br>26-1120134                            | ALL-INCLUSIVE CARE FOR THE ELDERLY                             | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | ST LUKE'S HEALTH SYSTEM INC           | No                                            |
| 2720 STONE PARK BLVD<br>SIOUX CITY, IA 51104<br>42-1059182                         | OUTPATIENT CLINICS AND HEALTHCARE SERVICES                     | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | ST LUKE'S HEALTH SYSTEM INC           | No                                            |
| 2720 STONE PARK BLVD<br>SIOUX CITY, IA 51104<br>42-1294091                         | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE III                                 | IOWA HEALTH SYSTEM                    | No                                            |
| 1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402<br>42-1487968                           | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE             | IA                                               | 501(C)(3)                  | 509(A)(3), TYPE II                                  | IOWA HEALTH SYSTEM                    | No                                            |
| 1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402<br>42-0504780                           | HOSPITAL                                                       | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | ST LUKE'S HEALTHCARE                  | No                                            |
| 1795 HIGHWAY 64 EAST<br>ANAMOSA, IA 52205<br>42-1487967                            | HOSPITAL                                                       | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | ST LUKE'S HEALTHCARE                  | No                                            |
| 1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402<br>42-1276632                           | IMPROVE PUBLIC HEALTH SERVICES                                 | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | ST LUKE'S HEALTHCARE                  | No                                            |
| 3248 VANDEVER AVE<br>PEKIN, IL 61554<br>37-1278969                                 | MENTAL HEALTH CARE                                             | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | UNITYPOINT HEALTH - UNITYPLACE        | No                                            |
| 350 NORTH GRANDVIEW AVENUE<br>DUBUQUE, IA 52001<br>42-0680410                      | PUBLIC HEALTH SERVICES/HOME CARE                               | IA                                               | 501(C)(3)                  | 509(A)(2)                                           | FINLEY TRI-STATES HEALTH GROUP INC    | No                                            |
| 350 NORTH GRANDVIEW AVENUE<br>DUBUQUE, IA 52001<br>42-0680354                      | HOSPITAL                                                       | IA                                               | 501(C)(3)                  | 170(B)(1) (A)(III)                                  | FINLEY TRI-STATES HEALTH GROUP INC    | No                                            |
| 2701 17TH STREET<br>ROCK ISLAND, IL 61201<br>36-3678909                            | MENTAL HEALTH CARE                                             | IL                                               | 501(C)(3)                  | 170(B)(1) (A)(VI)                                   | TRINITY REGIONAL HEALTH SYSTEM        | No                                            |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                                            |                                                     |                            |                                                        |                                       |                                               |
|------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                    | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |
|                                                                                    |                                                            |                                                     |                            |                                                        |                                       | YesNo                                         |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>45-3791448                              | SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES      | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | TRINITY HEALTH SYSTEMS INC            | No                                            |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>42-1376187                              | PROPERTY HOLDING COMPANY                                   | IA                                                  | 501(C)(3)                  |                                                        | TRINITY HEALTH SYSTEMS INC            | No                                            |
| 2122 25TH AVE<br>ROCK ISLAND, IL 61201<br>81-0994377                               | EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS               | IL                                                  | 501(C)(3)                  | 170(B)(1) (A)(II)                                      | TRINITY MEDICAL CENTER                | No                                            |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>42-1222381                              | CHARITABLE FUNDRAISING                                     | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(VI)                                      | TRINITY HEALTH SYSTEMS INC            | No                                            |
| 2701 17TH STREET<br>ROCK ISLAND, IL 61201<br>36-3321751                            | CHARITABLE FUNDRAISING                                     | IL                                                  | 501(C)(3)                  | 170(B)(1) (A)(VI)                                      | TRINITY REGIONAL HEALTH SYSTEM        | No                                            |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>42-1222877                              | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE         | IA                                                  | 501(C)(3)                  | 509(A)(3), TYPE II                                     | IOWA HEALTH SYSTEM                    | No                                            |
| 2701 17TH STREET<br>ROCK ISLAND, IL 61201<br>36-2739299                            | HOSPITAL                                                   | IL                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | TRINITY REGIONAL HEALTH SYSTEM        | No                                            |
| 2701 17TH STREET<br>ROCK ISLAND, IL 61201<br>36-3351952                            | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE         | IL                                                  | 501(C)(3)                  | 509(A)(3), TYPE II                                     | IOWA HEALTH SYSTEM                    | No                                            |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>42-6081474                              | CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES              | IA                                                  | 501(C)(3)                  | 509(A)(2)                                              | TRINITY REGIONAL MEDICAL CENTER       | No                                            |
| 802 KENYON ROAD<br>FORT DODGE, IA 50501<br>42-1009175                              | HOSPITAL                                                   | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | TRINITY HEALTH SYSTEMS INC            | No                                            |
| 1600 MORGAN STREET<br>KEOKUK, IA 52632<br>42-1435525                               | PRIMARY HEALTH CARE SERVICES                               | IA                                                  | 501(C)(3)                  | 170(B)(1)(A)(III)                                      | KEOKUK HEALTH SYSTEMS INC             | No                                            |
| 1518 MULBERRY AVENUE<br>MUSCATINE, IA 52761<br>42-0680337                          | HOSPITAL                                                   | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | TRINITY REGIONAL HEALTH SYSTEM        | No                                            |
| 1518 MULBERRY AVENUE<br>MUSCATINE, IA 52761<br>42-1525031                          | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE         | IA                                                  | 501(C)(3)                  | 509(A)(3), TYPE I                                      | UNITY HEALTHCARE                      | No                                            |
| 1825 LOGAN AVENUE<br>WATERLOO, IA 50703<br>81-5034179                              | HOSPITAL                                                   | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | ALLEN HEALTH SYSTEMS INC              | No                                            |
| 221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636<br>83-4051901                    | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE         | IL                                                  | 501(C)(3)                  | 509(A)(3), TYPE II                                     | METHODIST HEALTH SERVICES CORPORATION | No                                            |
| 1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>42-1477471                | HOME HEALTH CARE                                           | IA                                                  | 501(C)(3)                  | 509(A)(2)                                              | IOWA HEALTH SYSTEM                    | No                                            |
| 1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>81-0872241                | EMPLOYER ONSITE MEDICAL SERVICES AND OCCUPATIONAL MEDICINE | IA                                                  | 501(C)(3)                  | 170(B)(1) (A)(III)                                     | IOWA HEALTH SYSTEM                    | No                                            |
| 3034 FISH HATCHERY ROAD<br>MADISON, WI 53713<br>30-0072647                         | OUTPATIENT KIDNEY DIALYSIS                                 | WI                                                  | 501(C)(3)                  | 509(A)(3), TYPE III                                    |                                       | No                                            |



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

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

| (a)<br>Name, address, and EIN of<br>related organization                                                   | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                            |                                     |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| ABBE MANAGEMENT CORPORATION<br>740 N 15TH AVE NO A<br>HIAWATHA, IA 52233<br>42-1361755                     | MANAGEMENT SERVICES                 | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| BELCREST SERVICES LTD<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>37-1196307                            | MEDICAL SERVICES                    | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| BROADBAND INC<br>1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>27-3819741                       | INFORMATION<br>TECHNOLOGY MGMT.     | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| DELHI POINT CONDO ASSOCIATION<br>350 N GRANDVIEW<br>DUBUQUE, IA 52001<br>42-1467002                        | REAL ESTATE<br>MANAGEMENT           | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HCP CORPORATION<br>202 SOUTH PARK STREET<br>MADISON, WI 53715<br>39-1177562                                | REAL ESTATE RENTAL                  | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HANSEN CHARITABLE REMAINDER ANNUITY<br>TRUST<br>210 FOURTH AVENUE<br>GRINNELL, IA 50112<br>39-6770806      | INVESTMENT                          | IA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| HANSEN CHARITABLE REMAINDER UNITRUST<br>210 FOURTH AVENUE<br>GRINNELL, IA 50112<br>39-6770807              | INVESTMENT                          | IA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| HEALTH ADVANTAGE PLUS INC<br>210 4TH AVENUE<br>GRINNELL, IA 50112<br>42-1436490                            | PHYSICAL THERAPY                    | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HEALTH PLUS INC<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614<br>37-1295532                                  | MANAGED CARE<br>ADMINISTRATION      | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HNC SERVICES<br>1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>27-0987243                        | FIBER OPTIC NETWORK<br>SERVICES     | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HOME HEALTH PLUS SERVICES INC<br>PO BOX 87<br>PEORIA, IL 61650<br>36-4053068                               | HOME HEALTH SERVICES                | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| KEOKUK AREA MEDICAL EQUIPMENT AND<br>SUPPLY INC<br>420 NORTH 17TH STREET<br>KEOKUK, IA 52632<br>42-1237312 | RETAIL DURABLE<br>MEDICAL EQUIPMENT | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| MARIGOLD CITY LAND TRUST NO ONE<br>2956 COURT STREET<br>PEKIN, IL 61554<br>27-2750273                      | PROPERTY MANAGEMENT                 | IL                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| MEDIMORE INC<br>1776 WEST LAKES PKWY 400<br>WEST DES MOINES, IA 50266<br>42-1414390                        | MANAGED CARE                        | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| MERITER HEALTH ENTERPRISES INC<br>202 SOUTH PARK STREET<br>MADISON, WI 53715<br>39-1293620                 | MANAGEMENT SERVICES                 | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |

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

| (a)<br>Name, address, and EIN of<br>related organization                                     | (b)<br>Primary activity                        | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                              |                                                |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| MERITER MANAGEMENT SERVICES INC<br>202 SOUTH PARK STREET<br>MADISON, WI 53715<br>39-1458235  | ADMINISTRATIVE<br>SERVICES                     | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| METHODIST HEALTH VENTURES INC<br>PO BOX 87<br>PEORIA, IL 61650<br>37-1140939                 | PHARMACY/OFFICE<br>STAFFING                    | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| OPTIMUM HEALTH SOLUTIONS INC<br>221 NORTHEAST GLEN OAK AVE<br>PEORIA, IL 61636<br>20-5430137 | HEALTH & WELLNESS<br>CONSULTING                | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| PEKIN PROHEALTH INC<br>600 SOUTH 13TH STREET<br>PEKIN, IL 61554<br>37-1117052                | CLINIC                                         | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| PRECEDENCE INC<br>4622 PROGRESS DRIVE STE A<br>DAVENPORT, IA 52807<br>37-1288604             | MANAGED MENTAL CARE                            | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| PROVIDER RESOURCE MANAGEMENT INC<br>PO BOX 87<br>PEORIA, IL 61650<br>37-1223550              | RESOURCE MANAGEMENT                            | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| STL HEALTH RESOURCES CO<br>1026 A AVE NE<br>CEDAR RAPIDS, IA 52402<br>42-1193499             | PHYSICIAN OFFICE<br>RENTAL                     | IA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| TRINITY HEALTH ENTERPRISES INC<br>2701 17TH ST<br>ROCK ISLAND, IL 61201<br>36-3320141        | RETAIL DURABLE MEDICAL<br>EQUIPMENT & PHARMACY | IL                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |