PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-028,989

Form **990**

Department of the Treasury

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 for instructions and the latest information

OMB No. 1545-0047

Inter	rnal Reve	enue Service Go to www.irs.gov/Form990 for instructions and t	ne latest in	iormation.	Inspection
Α	For th	e 2022 calendar year, or tax year beginning and	ending		
в	Check if applicab	C Name of organization	D Employer identific	ation number	
	Addre	PE TRINITY REGIONAL HEALTH SYSTEM			
	Name chang	pe Doing business as		36-335195	52
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	2701 17TH ST		309-779-2	
	termi ated			G Gross receipts \$	5,102,654.
	Amer	KOCK ISLAND, IL 01201		H(a) Is this a group ret	
	Applition	F Name and address of principal officer: SHAWIN MORROW		for subordinates?	Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 🗌 527	If "No," attach a li	ist. See instructions
	Websi			H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year of	of formation: 1984 M	State of legal domicile: IL
P	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: PROV			
Ö		PATIENTS AND IMPROVE THE HEALTH OF THE CO	MMUNIT	IES WE SERVE	C.
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	
970	3				17
ڻ م	2 4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es.	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	0		
, Viti	6	Total number of volunteers (estimate if necessary)		14	
∆c±:	7a			<u>7a</u>	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		254,360.	182,180.
Revenue	9	Program service revenue (Part VIII, line 2g)		138,728.	112,016.
Sev V	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,199,256.	1,710,405.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-393,088.	-294,196.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,199,256.	1,710,405.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	3 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Exnenses	2 16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	b b	Total fundraising expenses (Part IX, column (D), line 25)	0.	04.016	01 042
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		84,216.	91,243.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,216.	91,243.
	19	Revenue less expenses. Subtract line 18 from line 12		2,115,040.	1,619,162.
Net Assets or	ICCE			ginning of Current Year	End of Year
sset	20 1	Total assets (Part X, line 16)		36,360,452.	31,909,677.
jt As	21	Total liabilities (Part X, line 26)		9,236,493.	7,124,632.
ľ,	22	Net assets or fund balances. Subtract line 21 from line 20		27,123,959.	24,785,045.
	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my l	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	Signature of officer			Date					
Here	KATHERINE MARCHIK, SR VP	FINANCE/CFO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid				self-employed					
Preparer	Firm's name			Firm's EIN					
Use Only	Firm's address								
Phone no.									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions Yes No								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

	990 (2022) TRINITY REGIONAL HEALTH SYSTEM 36-3351952 Pag	e 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	TRINITY REGIONAL HEALTH SYSTEM USES ITS RESOURCES TO PROVIDE QUALITY	
	CARE FOR OUR PATIENTS AND IMPROVE THE HEALTH OF THE COMMUNITIES WE	
	SERVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 \$8. including grants of \$0.) (Revenue \$182,180	<u>•</u>)
	AFFILIATE SUPPORT SERVICES	
	TRINITY REGIONAL HEALTH SYSTEM IS ORGANIZED TO SUPPORT THE MISSIONS OF	
	SEVERAL RELATED CHARITABLE, TAX-EXEMPT ORGANIZATIONS INCLUDING TRINITY	
	MEDICAL CENTER, TRINITY HEALTH FOUNDATION, THE ROBERT YOUNG CENTER FOR	
	COMMUNITY MENTAL HEALTH, UNITY HEALTHCARE (DBA TRINITY MUSCATINE) AND	
	TRINITY HEALTH ENTERPRISES, INC. THE SUPPORT SERVICES PROVIDED TO	
	THESE ORGANIZATIONS ARE TO CONSTRUCT, OWN, LEASE, MANAGE, OPERATE,	
	PROVIDE AND MAINTAIN ANY FACILITIES, PROGRAMS, SERVICES (MANAGEMENT OR	
	OTHERWISE) AND RELATED ACTIVITIES, IN FURTHERANCE OF HEALTH CARE OR	
	HEALTH EDUCATION. FACILITIES INCLUDE HOSPITALS, VISITING NURSE,	
	HOSPICE CARE FACILITIES, MENTAL HEALTH CARE FACILITIES, CLINICS,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 8.	0.000
	Form 990 (20	J22)

Form	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Part IV	Checklist	of Required Sche	edules	(continue	ed)

			Yes	No
22	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	22		X
23	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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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	26		X
27	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		v			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	10		x			
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>					
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
	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?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8					
9	sponsoring organization have excess business holdings at any time during the year?	0					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	0.0					
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
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 13b	-					
	Enter the amount of reserves on hand	44-		x			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>			
15	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		<u> </u>			
16	Is the experimentian and the time of the time of the the experimentary of the time terms of the time o	16		x			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1			
	If "Yes," complete Form 6069.						

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TRINITY REGIONAL HEALTH SYSTEM

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
19	Enter the number of voting members of the governing body at the end of the tax year 17	·	103	
ia	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b14			
	5 • • • • • • • • • •	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	<u>7a</u>		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		77	
-	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>IL</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	DAVE DELLITT, DIR OF FINANCE CONTROLLER - 309-779-2200			
	2701 17TH ST, ROCK ISLAND, IL 61201			

Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Independe	ent Contra	ctors			

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 the instructions for definition of "key employee."

List an of the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee).

• List the organization's five current nighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				recit	l / l us	lee)	from	from related	other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related	
	below	ndividual trustee or director	n stitutio nal tru stee	er	Key employee	Highest compensated employee	ler	,		organizations	
	line)	Indiv	Insti	Officer	Key	High emp	Former				
JOHN SHEEHAN (TO 9/19)	0.00										
FORMER BD MEMBER/INTERIM PRES/CEO	40.00						Х	0.	1,266,433.	24,186.	
COSTAS CONSTANTINOU, MD	1.00										
BOARD MEMBER	40.00	Х						0.	1,003,309.	37,591.	
TOYOSI OLUTADE, MD	1.00										
CHIEF MEDICAL OFFICER	40.00				Х			0.	892,688.	41,092.	
ROBERT ERICKSON	1.00										
BOARD MEMBER/PRESIDENT/CEO	40.00	Х		Х				0.	680,681.	130,131.	
KATHERINE MARCHIK	1.00										
SR VP FINANCE/CFO	40.00			Х				0.	447,615.	96,046.	
BARBARA WEBER	1.00										
CHIEF OPERATING OFFICER	40.00				Х			0.	479,562.	50,856.	
JOY LEDBETTER	1.00										
VP HUMAN RESOURCES	40.00				Х			0.	454,663.	37,523.	
KATHERINE PEARSON	1.00										
SR VP/CHIEF STRATEGY OFFICER	40.00				Х			0.	406,582.	72,508.	
RICHARD SEIDLER (TO 5/19)	0.00										
FORMER BD MEMBER/PRESIDENT/CEO	0.00						Х	0.	367,341.	0.	
DENNIS DUKE	1.00										
PRESIDENT RYC	40.00				Х			0.	295,348.	44,462.	
MATTHEW BEHRENS (TO 9/19)	0.00										
REG VP/CLINIC OPS	40.00						Х	0.	294,692.	24,569.	
MARY MACUMBER-SCHMIDT	1.00										
PRESIDENT THF-QC	40.00				х			0.	238,932.	13,530.	
FRANCIS KANE, MD	1.00										
BOARD MEMBER	40.00	Х						0.	89,589.	11,011.	
MARIE ZIEGLER	1.00										
BOARD VICE CHAIR	1.00	Х		Х				0.	13,500.	0.	
PATRICK EIKENBERRY	1.00										
BOARD CHAIR	1.00	Х		Х				0.	2,500.	0.	
GREGORIO AGUILAR	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
AJ AHMED, MD	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	

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TRINITY REGIONAL HEALTH SYSTEM

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ן than o	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploye	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MARY ANN ANDERSON, PHD	1.00		_		×		_			
BOARD MEMBER	1.00	х						0.	0.	0.
NATHAN DURICK, MD	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
REV. DWIGHT FORD	1.00									
BOARD MEMBER	1.00	Х				<u> </u>		0.	0.	0.
DEBBIE FREIBURG	1.00								0	
BOARD MEMBER	1.00	Х						0.	0.	0.
REV CHRISTOPHER LEE BOARD MEMBER	1.00	х						0.	0.	0.
LISA MCCRAW	1.00	Δ				<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
MSGR MARK MERDIAN	1.00								•••	
BOARD MEMBER	1.00	х						0.	0.	0.
HEIDI PARKHURST	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
DANIEL STEIN	1.00								2	
BOARD MEMBER	1.00	Х						0.	0.	
1b Subtotal							•	0.	6,933,435.	583,505.
c Total from continuation sheets to Part VI								0.	0.6,933,435.	0.
d Total (add lines 1b and 1c)										565,505.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	a ac	ove	e) wri	o re	ceived more than \$100,	000 of reportable	0
compensation norm the organization										Yes No
3 Did the organization list any former officer,	director. truste	e. k	ev e	Iame	ove	e. or	hia	hest compensated empl	ovee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su									ne organization	
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich į	oers	on				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	•	•							· ·	tion from
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin 		ear.	(0)
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
				_						
							-			
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than	

Form 990 TRINITY B	REGIONAL	, H	[EA	LT	Ή	SY	ST	EM	36-335	1952
Part VII Section A. Officers, Directors, Tru										
(A) Name and title	(B) Average hours	verage Position ours (check all that apply)			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pen sated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DANA WILKINSON	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
		-								
Total to Part VII, Section A, line 1c							<u></u>			

Pa	rt VII					noto to ony line	in this Dort VIII			
		Check if Schedule O	contai	ns a respo	onse or	note to any line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
s σ	1 a	Federated campaigns		1a						
ant		• • • • •								
ອີຍີ		Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations				182,180.				
ñ, G nila		Government grants (conti								
Sir		All other contributions, gifts,								
outi		similar amounts not included								
d O I	g	Noncash contributions included in	lines 1a	-1f 1g \$	\$					
ano	h	Total. Add lines 1a-1f					182,180.			
					E	Business Code				
ë	2 a	MGMT & SUPPORT SVCS			[561000	112,016.	112,016.		
e ric	b									
s Se	с									
Program Service Revenue	d									
БĘ	е									
ā		All other program service								
		Total. Add lines 2a-2f					112,016.			
	3	Investment income (inclue	0	,		<i>'</i>				
	_	other similar amounts)					551,714.			551,714.
	4	Income from investment of		•	•	ceeds				
	5	Royalties	·····			(ii) Doroonol				
	0	O		(i) Real		(ii) Personal				
		Gross rents	6a 6b							
	b	Less: rental expenses Rental income or (loss)								
		Net rental income or (loss)	6c							
		Gross amount from sales of	" 	(i) Securit	ties	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	4,550,9		(, 0				
	b	Less: cost or other basis	14	, ,						
e	~	and sales expenses	7b	3,392,2	249.					
ent	с	Gain or (loss)		1,158,6	691.					
Revenue		Net gain or (loss)					1,158,691.			1158691.
ъ		Gross income from fundraisi								
đ		including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fundra	aising ever	nt <u>s</u>					
	9 a	Gross income from gamir								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s					
	10 a	Gross sales of inventory,								
		and allowances								
		Less: cost of goods sold								
	с	Net income or (loss) from	sales	ot inventoi		Business Code				
sn	44	MISCELLANEOUS				900099	-294,196.	-294,196.		
ue o					— -		274,170.	254,150.		
scellane <u>Revenu</u>	b				— -					
Miscellaneous Revenue	c h	All other revenue			— -					
Σ		Total. Add lines 11a-11d					-294,196.			
		Total revenue See instruction					1,710,405.	-182,180.	0.	1710405.

TRINITY REGIONAL HEALTH SYSTEM

Form 990 (2022)

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Form 990 (2022)

TRINITY REGIONAL HEALTH SYSTEM Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management				
	Legal				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	91,235.		91,235.	
	Investment management fees	91,235.		91,235.	
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		^		
	MISCELLANEOUS EXPENSE	8.	8.		
b	-				
С					
d					
	All other expenses	01 010	-	01 005	
	Total functional expenses. Add lines 1 through 24e	91,243.	8.	91,235.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

TRINITY	REGIONAL	HEALTH	SYSTEM
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(B) End of year

Balance Sheet		
Check if Schedule O contains a response or note to any line in this Part X		
	(A) Beginning of year	

4	Oral and interest because	252,903.		15,380.
1	Cash - non-interest-bearing	252,505.	1	15,500.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	4,259,907.	7	2,455,673.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	3,254.	9	11,695.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities	30,328,222.	11	27,989,157.
12	Investments - other securities. See Part IV, line 11		12	<u> </u>
13	Investments - program-related. See Part IV, line 11	1,431,560.	13	1,431,560.
14	Intangible assets		14	· · ·
15	Other assets. See Part IV, line 11	84,606.	15	6,212.
16	Total assets. Add lines 1 through 15 (must equal line 33)	36,360,452.	16	31,909,677.
17	Accounts payable and accrued expenses	4,816,986.	17	3,463,908.
18	Grants payable	1,010,0000	18	0,100,000
19			19	
20	Deferred revenue		20	
21	Tax-exempt bond liabilities		20	
21	Loans and other payables to any current or former officer, director,		21	
22				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
00	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	4 410 507		2 660 721
	of Schedule D	4,419,507. 9,236,493.	25	<u>3,660,724.</u> 7,124,632.
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	9,230,493.	26	7,124,032.
07	and complete lines 27, 28, 32, and 33.	27 122 050		24 795 045
27	Net assets without donor restrictions	27,123,959.	27	24,785,045.
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	<u> </u>
32	Total net assets or fund balances	27,123,959.	32	24,785,045.
33	Total liabilities and net assets/fund balances	36,360,452.	33	31,909,677.

Form 990 (2022)

Form 990 (
Part X	Balance

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2022) TRINITY REGIONAL HEALTH SYSTEM	36-	33519	52	Pag	_{je} 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	710),4()5.
2	Total expenses (must equal Part IX, column (A), line 25)	2		91	.,24	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	619	,10	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,	123	3,95	59.
5	Net unrealized gains (losses) on investments	5	-3,	958	3,05	76.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24,	785	5,04	15.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	TEN DEGION		2017316				identification number
		AL HEALTH SYS		ie ment) C	:		6-3351952
					ee instructions	i.	
The organization is not a private found							
1 A church, convention of ch				n 170(b)(1	I)(A)(i).		
2 A school described in sec							
3 A hospital or a cooperative							41
4 A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5 An organization operated f		lege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in
section 170(b)(1)(A)(iv).		and a low the state of the state of the			()		
6 A federal, state, or local go	-						u de lie, ele e suite e el im
7 An organization that norma section 170(b)(1)(A)(vi). (0		ntial part of its support if	om a gove	ernmental	unit or from the	e general p	Dublic described in
8 A community trust describ		1)(A)(vi). (Complete Par	t II.)				
9 An agricultural research or				ed in conju	Inction with a l	and-grant	college
or university or a non-land-							
university:							
10 An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membershi	o fees, and	d gross receipts from
activities related to its exer	mpt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	support f	rom gross investment
income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
See section 509(a)(2). (Co							
11 An organization organized							
12 X An organization organized		•	-			•	
more publicly supported of							Check the box on
lines 12a through 12d that	•••		-			-	-i. i
a Type I. A supporting org	-	-	• • • •	-			
the supported organizati organizati			majonty o		tors or trustee	s of the st	ipporting
b X Type II. A supporting or			ion with its	e sunnorte	d organization	(c) by bay	ina
control or management							
organization(s). You mu			anie persoi		introl of manage		bonce
c Type III functionally inte	•		in connect	ion with, a	and functionally	/ integrate	d with
its supported organizatio					-	,	<u> </u>
d Type III non-functionall		-				ed organiz	zation(s)
that is not functionally in							
requirement (see instruct			•		-		
e Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
functionally integrated, c	r Type III non-functio	nally integrated supporti	ng organiza	ation.			
f Enter the number of supported	organizations						4
g Provide the following informatio			(iv) is the orga	inization listed			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ins		(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No	support (see ins	structions)	
TRINITY MEDICAL	26 2720000	2				•	
<u>CENTER</u> ROBERT YOUNG CENTER	36-2739299	3	X			0.	
FOR COMMUNITY MENTA		7	v			0.	
TRINITY HEALTH	. 50-5070909	1	X			0.	
FOUNDATION	36-3321751	7	x			0.	
						0.	<u> </u>
UNITY HEALTHCARE	42-0680337	3	x			0.	
Total						0.	0.

Schedule	A (I	Forn	n s	990)	2	2022
Part II		Su	р	por	t	Sc

TRINITY REGIONAL HEALTH SYSTEM

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

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

	Sec	ction A. Public Support						
membership fees received. (Do not include any Unusual grants')	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any 'unusual grants.') 2 2 Tax revenues levied for the organization's forthe organization's forthe and ther pad to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tar evenues levid for the organization is behalf 3 The value of services or facilities 4 Tark and lines 1 through a 5 The portion of total contributions by each person (differ than a government unit or publicly supported organization without charge 4 Tark Add lines 1 through 3 5 The portion of total contributions by each person (differ than a governmental unit or publicly supported organization (differ than a governmental unit or publicly supported organization (differ than a governments (differ than a governments (differ than a government unit or publicly supported organization (differ than a governments (differ than a <td></td> <td>membership fees received. (Do not</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		membership fees received. (Do not						
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or expended on its behalf	2	Tax revenues levied for the organ-						
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Schedule A (Form 990) 2022

Schedule A	Form 990) 2022
	0000	, 2022

TRINITY REGIONAL HEALTH SYSTEM 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

Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons 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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support				1			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 							
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 							
14 First 5 years. If the Form 990 is for th	ne organization's fi	rst. second third f	fourth, or fifth tax	vear as a section F	- 01(c)(3) orc		
check this box and stop here	0						
Section C. Computation of Publ							<u></u>
15 Public support percentage for 2022 (column (f))		15		%
16 Public support percentage from 2021		•			16		%
Section D. Computation of Inves							/0
17 Investment income percentage for 20			ne 13. column (f))		17		%
18 Investment income percentage from					18		%
19a 33 1/3% support tests - 2022. If the					· · · · · · · · · · · · · · · · · · ·	Id line 17 is r	
more than 33 1/3%, check this box a						G III G I / 181	
b 33 1/3% support tests - 2021. If the	e organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33	1/3%, and	
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organ	ization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check tl	his box and see ins	tructions	<u></u>	

Part IV Supporting Organizations

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

TRINITY REGIONAL HEALTH SYSTEM

Section A. All Supporting Organizations

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

5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

No

Х

Х

Х

Х

Schedule A (Form 990) 2022 TRINITY REGIONAL HEALTH SYSTEM

	rt IV Supporting Organizations (continued)			age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		Х
h	A family member of a person described on line 11a above?	11b		X
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
U	detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the		163	NU
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to	o satisfy the Integral Part	Test during the year	(see instructions).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity. $\ensuremath{\textit{D}}$	Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
	ties Test. Answer lines 2a and 2b below.		Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2

3

2a

2b

3a

No

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orgar	nization (see

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income

Net short-term capital gain

TRINITY REGIONAL HEALTH SYSTEM

(B) Current Year

(optional)

(A) Prior Year

1

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

TRINITY	REGIONAL	HEALTH	SYSTEM

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
_					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TRINITY	REGIONAL	HEALTH	SYSTEM	36-3351952 Page 8
Part VI	line 1; Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, 40 lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lir	, 11a, 11b, an ies 1c, 2a, 2b,	d 11c; Part IV, Sect 3a, and 3b; Part V,	I, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	TRINITY REGIONAL HEALTH SYSTEM	36-335195
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

36-3351952

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 125,180. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 57,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for

TRINITY REGIONAL HEALTH SYSTEM

223452 11-15-22

Page 2

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (2022

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

TRINITY REGIONAL HEALTH SYSTEM

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

36-3351952

(c)

FMV (or estimate)

(See instructions.)

Schedule I	B (Form 990) (2022)		Pag				
	rganization		Employer identification number				
TRINI	TY REGIONAL HEALTH SYST	EM	36-3351952				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	ions to organizations described in sect) through (e) and the following line entry charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
I							

SCHEDULE	D
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Department of the Treasury

(Form	990)
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232051 09-01-22

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 for instructions and the latest information.



Employer identification number

Internal Revenue Service Name of the organization

	TRINITY REGIONAL HEALTH SYSTEM	36-3351952			
Par		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 fu	nds			
	are the organization's property, subject to the organization's exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used				
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe				
	impermissible private benefit?				
Par		V. line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,			
		storically important land area			
		rtified 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 c	conservation easement on the last			
-	day of the tax year.	Held at the End of the Tax Year			
а	Total number of conservation easements	•			
b	Total acreage restricted by conservation easements				
Č	Number of conservation easements on a certified historic structure included in (a)				
с А	Number of conservation easements included in (c) acquired after July 25,2006, and not on a				
u		2d			
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga				
U	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				
J	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 conservat				
Ŭ		tion bacomonic daming the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year			
•					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)			
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t				
	organization's accounting for conservation easements.				
Pa	t 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 FASB ASC 958, not to report in its revenue statement and ba	alance sheet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance 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 FASB ASC 958, to report in its revenue statement and balance	ce sheet works of			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce 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				
	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1	\$			
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022			

Sche		REGIONAL H				36-33	5195	<u>2 р</u>	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or Othe	r Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	art, historical treas	sures, or other simila	r assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" or	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•			_	-	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				•	<u>. </u>	
							Amour	.τ	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
Ť	Ending balance				1 f				
	Did the organization include an amount on Fo				• • • • • • •	····· ∟	Yes	-	_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								
		(a) Current year	(b) Prior year		(d) Three	vears back	(e) Fou	r vears	back
10	Beginning of year balance	30,328,222.	26,826,987.	24,791,137.		22,528.		,460,	
ia b		1,917.	86,260.	,,,	,	,•_••		, 100 ,	
0	Contributions Net investment earnings, gains, and losses	-2,249,587.	3,569,519.	2,100,588.	4 1	4,122,905.		-661,34	
о Ь	Grants or scholarships		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ / _ ~ ~ / ~ ~ ~		-,,		,	
ц р	Other expenditures for facilities								
č	and programs								
f	Administrative expenses	91,395.	154,544.	64,738.		54,296.		76,	849.
a	End of year balance	27,989,157.	30,328,222.	-		, 91,137.			
2	Provide the estimated percentage of the curr				, ,	,			
a	Board designated or quasi-endowment	100	%	,					
b	Permanent endowment .0000	%	_^_						
с		<u></u> ^%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses		ion that are held ar	d administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				Зb		
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot basis (investm	• •		Accumulate epreciation		(d) Boo	k valu	е
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	, column (B), line 10)c.)					0.
						0.1	D /E -		0000

Schedule D (Form 990) 2022

Part VI Investments - Other Securities. Complete if the organization answerd "ves" or Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (e) Method of valuation: Cost or end of year market value (1) Exclution of Stocity of catagory indexes are exclusion. (b) Book value (e) Method of valuation: Cost or end of year market value (3) Other (b) Book value (e) Method of valuation: Cost or end of year market value (3) Other (c) (c) (6) (c) (c) (7) (c) (c) (a) Obscription of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (f) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (f) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (f) (a) Description of investment (b) Book value (f) (a) Description of investment (b) Book val				IONAL HEALTH	SYSTEM	36-3351952 Page 3
(a) Description of security category isouting users of teaching (b) Book value (c) Method of valuation: Cost or end of year market value (1) Financial derivatives (c) (c) (c) (2) Closely hold equily interests (c) (c) (3) Other (c) (c) (6) (c) (c) (7) (c) (c) (a) Description of investment "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (c) (3) (c) Method of valuation: Cost or end of year market value (c) (4) (c) Method of valuation: Cost or end of year market value (c) (6) (c) Method of valuation: Cost or end of year market value (c) (7) (c) Method of valuation: Cost or end of year market value (c) (7) (c) Method of valuation: C	Part VII	Investments - Other Se	ecurities.			
(1) Financial derivatives		Complete if the organization a	answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Parl	t X, line 12.
(2) Cosely held equity interests (3) Other (4) (3) Other (4) (5) (6) (7) (7) (7) Other (7) (7) (8) Other (8) (8) (9) Other (9) (9) (10) Other steps of m 990, Part X, col. (8) line 12. (9) Description of investment (9) Book value (11) Other steps of methods (12) (13) (14) (12) Other steps of methods (15) (16) (17) (16) Other steps of methods (15) (16) (16) (16) (16) Other steps of m 990, Part X, col. (8) line 13. (17) (18) (19) (16) Other steps of m 990, Part X, col. (10) line 13. (17) (18) (19) (16) Other steps of m 990, Part X, col. (10) line 13. (17) (18) (19) (17) Other steps of m 990, Part X, col. (10) line 15. (19) (10) (10) (17) Other steps of m 990, Part X, col. (10) line 15. (11) (11) (11) (17) Other steps of m 990, Part X, col. (20) line 15. (11) (11) <t< td=""><td>(a) Descri</td><td>ption of security or category (includin</td><td>g name of security)</td><td>(b) Book value</td><td>(c) Method of valua</td><td>ation: Cost or end-of-year market value</td></t<>	(a) Descri	ption of security or category (includin	g name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(2) Closely held equity interests	(1) Financ	ial derivatives				
(3) Cher	(2) Closely					
(B) (C) (C) (C) (D) (C) (E) (C) (D) (C) (D) (C) (D) (C) (D) (C) (O) (C) (D) (C) (A) (C) (B) (C) (B) (C) (G)	(3) Other					
(C) (D) (B) (D) (B) (D) (B) (D) (G) (O) (G) (
(D) (B) (B) (C) (F) (C) (G)	(B)					
(E) (B) (F) (G) (G) (G) (H) (G) (F) (G) (G) (G) (F) (G) (G) (G) (F) (G) (G)	(C)					
(F) (G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G)	(D)					
(G) (G) (H) (G) (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 (f) (c) Method of valuation: Cost or end-of-year market value (f) (f) (g) (g) (h) (g) (g) (g) (h) (g) (g) (g) (h) (g) (g) (g)	(E)					
(H) Image: Construct of the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (a) Description (b) Book value (c) (c) (c) (1) (c) (c) (c) (c) (c) (3) (d) (c) (c) (c) (c) (6)	(F)					
Total. (c). (b) must equal Form 90, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (b) (c) (c) (c) (c) (c) (2) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(G)					
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (c) (7) (c) (c) (c) (c) (a) Description (b) Book value (c) (c) (c) (1) (c) Description (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c	(H)					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) Method of valuation: Cost or end-of-year market value (2) (a) (b) (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (c) (9) (c) (c) (c) (c) (c) (c) (c) (1) (c) (c) (c) (c) (c) (c) (c) (10) (c) (c) (c) <th(c)< th=""> (c) (c)</th(c)<>						
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(8) (9)	(6) RI	ESERVE				-3,648.
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)					
	Total. (Cold	umn (b) must equal Form 990, P	art X, col. (B) lin	e 25.)		3,660,724.

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

Sche	Schedule D (Form 990) 2022 TRINITY REGIONAL HEALTH SYSTEM 36-3351952 Page 4							
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.								
1	Total revenue, gains, and other support per audited financial statements		1	-2,339,000.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments 2a	-3,958,076.						
b	Donated services and use of facilities 2b							
с	Recoveries of prior year grants 2c							
d		66.						
е	Add lines 2a through 2d		2e	-3,958,010.				
3	Subtract line 2e from line 1		3	1,619,010.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	91,395.						
b	Other (Describe in Part XIII.) 4b							
		4c	91,395.					
С	Add lines 4a and 4b		10					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,710,405.				
5			5	1,710,405. n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements Wit	th Expenses per F	5	1,710,405. n. 0.				
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	th Expenses per F	5 Retur	n.				
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5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	th Expenses per F	5 Retur	n.				
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5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses 2c 2d	th Expenses per F	5 Retur	n. 0. 0.				
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses 2c 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	th Expenses per F	5 Retur	n. 0. 0.				
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	th Expenses per F	5 Retur	n. 0. 0.				
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	th Expenses per F	5 Retur	n. 0. 0. 0. 91,243.				
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c 2d Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a	th Expenses per F	5 Retur	n. 0. 0.				

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

PART V, LINE 4:

THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING

PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED

OPERATIONS, AND HEALTH EDUCATION. IN ADDITION, SOME FUNDS ARE HELD FOR

INVESTMENT IN PERPETUITY.

PART X, LINE 2:

UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS

TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2)

OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT ORGANIZATIONS ARE NOT

SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO

SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND

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 2019. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING

9.

66.

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47		
(Form 990)		- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022)		
· ,		Compensated Employees		Ζυ	22	-		
Complete if the organization answered "Yes" on Form 990, Part IV, lin Attach to Form 990.		Attach to Form 990, Part IV, line 23.		Open to	Publ	ic		
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nam	e of the organizatior			identificatio		mber		
		TRINITY REGIONAL HEALTH SYSTEM	36	3351952	2			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments						
		spending account Personal services (such as maid, chauffer	Jr, chet)					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46				
2				<u>1b</u>				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	•••••					
3	2 Indicate which if any of the following the organization used to establish the comparentian of the experimetian's							
Ŭ	3 Indicate which, if any, of the following the 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.							
	Compensation committee Written employment contract							
	·	ompensation consultant						
	Form 990 of other organizations Approval by the board or compensation committee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а				4a	Х			
b					Х			
с						X		
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re	evenues of:						
а	The organization?			5a		X		
b	Any related organization?					X		
	If "Yes" on line 5a c	r 5b, describe in Part III.						
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the n	•						
	•					X		
b	b Any related organization?					X		
		r 6b, describe in Part III.						
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			37		
				8		X		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?					<u> </u>		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Form	1 990)) 2022		

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
JOHN SHEEHAN (TO 9/19)	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER BD MEMBER/INTERIM PRES/CEO	(ii)	460,574.	237,174.	568,685.	15,250.	8,936.	1,290,619.	192,653.	
COSTAS CONSTANTINOU, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	927,853.	72,048.	3,408.	15,250.	22,341.	1,040,900.	0.	
TOYOSI OLUTADE, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF MEDICAL OFFICER	(ii)	783,635.	104,042.	5,011.	15,250.	25,842.	933,780.	0.	
ROBERT ERICKSON	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER/PRESIDENT/CEO	(ii)	510,076.	153,613.	16,992.	98,448.	31,683.	810,812.	0.	
KATHERINE MARCHIK	(i)	0.	0.	0.	0.	0.	0.	0.	
SR VP FINANCE/CFO	(ii)	356,893.	86,084.	4,638.	66,238.	29,808.	543,661.	0.	
BARBARA WEBER	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF OPERATING OFFICER	(ii)	381,625.	90,508.	7,429.	49,123.	1,733.	530,418.	0.	
JOY LEDBETTER	(i)	0.	0.	0.	0.	0.	0.	0.	
VP HUMAN RESOURCES	(ii)	305,776.	90,925.	57,962.	15,250.	22,273.	492,186.	0.	
KATHERINE PEARSON	(i)	0.	0.	0.	0.	0.	0.	0.	
SR VP/CHIEF STRATEGY OFFICER	(ii)	323,686.	77,490.	5,406.	54,591.	17,917.	479,090.	0.	
RICHARD SEIDLER (TO 5/19)	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER BD MEMBER/PRESIDENT/CEO	(ii)	0.	0.	367,341.	0.	0.	367,341.	367,341.	
DENNIS DUKE	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT RYC	(ii)	232,499.	56,965.	5,884.	14,059.	30,403.	339,810.	0.	
MATTHEW BEHRENS (TO 9/19)	(i)	0.	0.	0.	0.	0.	0.	0.	
REG VP/CLINIC OPS	(ii)	223,028.	71,526.	138.	14,942.	9,627.	319,261.	0.	
MARY MACUMBER-SCHMIDT	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT THF-QC	(ii)	190,113.	45,181.	3,638.	11,825.	1,705.	252,462.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINES 4A-B:

SEVERANCE PAYMENTS:

THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS DURING THE YEAR

THAT WERE INCLUDED IN THEIR TAXABLE INCOME: JOHN SHEEHAN \$359,175.

NONQUALIFIED RETIREMENT PLAN CONTRIBUTIONS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED CONTRIBUTIONS IN A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: ROBERT ERICKSON \$83,198,

KATHERINE MARCHIK \$50,988 , KATHERINE PEARSON \$ 39,341, & BARBARA WEBER

\$38,292.

NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A

SUPPLEMENTAL NON-QUALIFIED PLAN: RICHARD SEIDLER \$ 367,341 & JOHN SHEEHAN

\$192,653. PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN

DOCUMENTS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



TRINITY REGIONAL HEALTH SYSTEM

Employer identification number 36-3351952

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

EDUCATIONAL FACILITIES AND OTHER ESTABLISHMENTS CREATED TO CARRY

THROUGH HEALTH-CARE AND EDUCATIONAL PROGRAMS. THE PRIMARY PURPOSE OF

THE CORPORATION IS TO ENGAGE IN AND CONDUCT CHARITABLE, EDUCATIONAL,

RELIGIOUS AND SCIENTIFIC ACTIVITIES IN ACCORDANCE WITH PREVIOUSLY

STATED PURPOSES.

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

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

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

IOWA HEALTH SYSTEM, AS SOLE MEMBER, APPROVES AMENDMENTS TO ARTICLES, BYLAWS AND MISSION, APPOINT AND REMOVE CEO, APPROVES MERGERS, DISSOLUTIONS,

CREATION OF SUBSIDIARIARY OR AFFILIATE ORGANIZATIONS, AND APPROVES BUDGETS AND LONG-RANGE STRATEGY.

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.

PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL

UNITYPOINT HEALTH SYSTEM RELATED ORGANIZATIONS.

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

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

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

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2				
Name of the organization TRINITY REGIONAL HEALTH SYSTEM	Employer identification number 36-3351952				
A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO S	PECIFIC REGIONAL				
PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATION	S, 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 O	F THE APPROPRIATE				
PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF					
INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BO	ARD OF DIRECTORS				
FOR ACTION.					

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

IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN
OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN
ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT
THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE
232212 10-28-22
Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization TRINITY REGIONAL HEALTH SYSTEM	Employer identification number 36-3351952
FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY D	ISCUSSION WITH
THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR	COMMITTEE MEETING
WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCU	SSED AND VOTED
UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DE	CIDE IF A
CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR	COMMITTEE MAY BE
APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRA	NGEMENT OR
TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRA	NSACTION, THE
BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED M	EMBERS, THAT THE
ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST I	NTEREST, IS FAIR
AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE	INVESTIGATION,
THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVA	NTAGEOUS
TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONA	BLE 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 Name of the organization

POLICY.

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

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

BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE 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

Schedule O (Form 990) 2022	Page 2
Name of the organization TRINITY REGIONAL HEALTH SYSTEM	Employer identification number 36-3351952
CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECE	SSARY TO QUALIFY
FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE	FEDERAL INCOME
TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORA	NEOUS
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 AN	D 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 2022 FOR THE FOLLOWING INDIVIDUALS:

MATTHEW BEHRENS, DENNIS DUKE, ROBERT ERICKSON, JOY LEDBETTER, MARY MACUMBER-SCHMIDT, KATHERINE MARCHIK, TOYOSI OLUTADE, MD, KATIE PEARSON, & BARB WEBER.

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 QUALIFED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.

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

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

FORM 990, LINE J, WEBSITE:

WWW.UNITYPOINT.ORG/LOCATIONS/UNITYPOINT-HEALTH----TRINITY-MOLINE

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 36 - 3351952

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TRINITY REGIONAL HEALTH SYSTEM

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

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

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

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

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

Schedule R (Form 990) 2022

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
ALLEN HEALTH SYSTEMS, INC 42-1201924	SUPPORT AFFILIATES'			501(0)(3))		Yes	No
1825 LOGAN AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
WATERLOO, IA 50703	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		х
ALLEN MEMORIAL HOSPITAL CORPORATION -			501(0)(0)				
42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA	-			170(B)(1)	ALLEN HEALTH		
50703	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		х
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284				(, (,	ST. LUKE'S/JONES		
101 GRANT WOOD DRIVE	-			509(A)(3),	REGIONAL MEDICAL		
ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IOWA	501(C)(3)	TYPE III	CENTER		х
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC.							
- 42-0733463, 3251 WEST NINTH STREET,	-			170(B)(1)	ALLEN HEALTH		
WATERLOO, IA 50702	MENTAL HEALTH CARE	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х
CENTER FOR ALCOHOL AND DRUG SERVICES, INC					THE ROBERT YOUNG		
42-1134273, 4869 FOREST GROVE DRIVE,	-			170(B)(1)	CENTER FOR		
BETTENDORF, IA 52722	SUBSTANCE ABUSE SERVICES	IOWA	501(C)(3)	(A)(VI)	COMMUNITY MENTAL		х
CENTRAL IOWA HEALTH PROPERTIES CORPORATION -							
42-1233759, 1200 PLEASANT STREET, DES	-				CENTRAL IOWA		
MOINES, IA 50309	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		HEALTH SYSTEM		х
CENTRAL IOWA HEALTH SYSTEM - 42-1189791	SUPPORT AFFILIATES'						
1200 PLEASANT STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
DES MOINES, IA 50309	CARE	IOWA	501(C)(3)	, TYPE II	SYSTEM		х
CENTRAL IOWA HOSPITAL CORPORATION -							
42-0680452, 1200 PLEASANT STREET, DES	-			170(B)(1)	CENTRAL IOWA		
MOINES, IA 50309	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM		x
DES MOINES AREA MEDICAL EDUCATION							
CONSORTIUM, INC 42-1412497, 1415 WOODLAND	COORDINATION OF MEDICAL			509(A)(3),			
AVE., SUITE 130, DES MOINES, IA 50309	EDUCATION PROGRAMS	IOWA	501(C)(3)	TYPE III			x
EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES							
- 42-0942273, 945 19TH STREET, DES MOINES,					CENTRAL IOWA		
IA 50314	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	HEALTH SYSTEM		х
FINLEY TRI-STATES HEALTH GROUP, INC	SUPPORT AFFILIATES'						
42-1307495, 350 NORTH GRANDVIEW AVENUE,	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
DUBUQUE, IA 52001	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		Х
FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL							
HEALTH CENTER - 42-1372380, 3820 HILLSIDE				170(B)(1)	ALLEN HEALTH		
DRIVE, CEDAR FALLS, IA 50613	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
GRINNELL REGIONAL MEDICAL CENTER -				301(0)(3))		Yes	No
42-0933383, 210 FOURTH AVENUE, GRINNELL, IA	-			170(B)(1)	CENTRAL IOWA		1
50112	- HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM		х
GRINNELL REGIONAL MEDICAL CENTER FOUNDATION				,			
- 42-1454737, 210 FOURTH AVENUE, GRINNELL,	-			509(A)(3),	GRINNELL REGIONAL		1
IA 50112	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	TYPE I	MEDICAL CENTER		х
HULT CENTER FOR HEALTHY LIVING INC							
36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL	HEALTH EDUCATION TO THE			170(B)(1)			1
61614	COMMUNITY	ILLINOIS	501(C)(3)	(A)(VI)	PROCTOR HOSPITAL		х
HUMAN SERVICE CENTER - 37-1004882							
600 FAYETTE, PO BOX 1346	-			170(B)(1)	UNITYPOINT HEALTH		1
PEORIA, IL 61654	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	- UNITYPLACE		x
IOWA HEALTH FOUNDATION - 42-1467682							
1415 WOODLAND AVE., SUITE E-200	-			170(B)(1)	CENTRAL IOWA		1
DES MOINES, IA 50309	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	HEALTH SYSTEM		x
IOWA HEALTH SYSTEM - 42-1435199	SUPPORT AFFILIATES'						
1776 WEST LAKES PKWY, #400	MISSION TO IMPROVE HEALTH			509(A)(3),			1
WEST DES MOINES, IA 50266	CARE	IOWA	501(C)(3)	TYPE III			x
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION -							
42-1411630, 1776 WEST LAKES PKWY, #400, WEST	PRIMARY HEALTH CARE			170(B)(1)	IOWA HEALTH		1
DES MOINES, IA 50266	SERVICES	IOWA	501(C)(3)	(A)(III)	SYSTEM		x
MEMORIAL FOUNDATION OF ALLEN HOSPITAL -							
42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA	7			170(B)(1)	ALLEN HEALTH		1
50703	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х
MERITER FOUNDATION, INC 23-7098688							
202 SOUTH PARK STREET				170(B)(1)	MERITER HEALTH		1
MADISON, WI 53715	CHARITABLE FUNDRAISING	WISCONSIN	501(C)(3)	(A)(VI)	SERVICES, INC.		х
MERITER HEALTH SERVICES, INC 39-1412318	SUPPORT AFFILIATES'						
202 SOUTH PARK STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		1
MADISON, WI 53715	CARE	WISCONSIN	501(C)(3)	TYPE III	SYSTEM		х
MERITER HOSPITAL, INC 39-0806367							
202 SOUTH PARK STREET	7			170(B)(1)	MERITER HEALTH		
MADISON, WI 53715	HOSPITAL	WISCONSIN	501(C)(3)	(A)(III)	SERVICES, INC.		х
METHODIST HEALTH SERVICES CORPORATION -	SUPPORT AFFILIATES'						
37-1111135, 221 NORTHEAST GLEN OAK AVENUE,	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
PEORIA, IL 61636	CARE	ILLINOIS	501(C)(3)	TYPE III	SYSTEM		х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
METHODIST MEDICAL CENTER FOUNDATION -				301(0)(3))	METHODIST HEALTH	Yes	No
51-0186460, 221 NORTHEAST GLEN OAK AVENUE.	-			170(B)(1)	SERVICES		
PEORIA, IL 61636	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	(A)(VI)	CORPORATION		х
METHODIST MEDICAL CENTER OF ILLINOIS -				(11) (12)	METHODIST HEALTH		
37-0661223, 221 NORTHEAST GLEN OAK AVENUE,	-			170(B)(1)	SERVICES		
PEORIA, IL 61636	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		х
METHODIST SERVICES, INC 37-1111134				(METHODIST HEALTH		
221 NORTHEAST GLEN OAK AVENUE					SERVICES		
PEORIA, IL 61636	OFFICE RENTAL	ILLINOIS	501(C)(3)	509(A)(2)	CORPORATION		х
NELLIE R. SHERWOOD TRUST - 42-6061621	PAY MEDICAL BILLS OF				ST. LUKE'S		
1026 A AVENUE NE	RETIRED TEACHERS UNABLE TO			509(A)(3),	METHODIST		
CEDAR RAPIDS, IA 52402	- Pay	IOWA	501(C)(3)	TYPE I	HOSPITAL		х
NORTH CENTRAL IOWA MENTAL HEALTH CENTER							
INCORPORATED - 42-0937390, 720 KENYON DRIVE,	1			170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501	MENTAL HEALTH CARE	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		х
NORTHWEST IOWA HOSPITAL CORPORATION -					,		
42-1019872, 2720 STONE PARK BLVD., SIOUX	1			170(B)(1)	ST. LUKE'S HEALTH		
CITY, IA 51104	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEM, INC.		x
PARK COURT LIMITED - 37-1178386	SUPPORT AFFILIATES'				METHODIST HEALTH		
600 SOUTH 13TH STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	SERVICES		
PEKIN, IL 61554	CARE	ILLINOIS	501(C)(3)	TYPE II	CORPORATION		х
PEKIN MEMORIAL HOSPITAL - 37-0692351					METHODIST HEALTH		
600 SOUTH 13TH STREET	7			170(B)(1)	SERVICES		
PEKIN, IL 61554	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		х
PRAIRIE VIEW VILLAS NO. 1 - 26-1755679	MENTAL HEALTH AND/OR				TAZWOOD MENTAL		
1900 SPRING ROAD, STE 300	DISABILITY RESIDENTIAL			170(B)(1)	HEALTH CENTER,		
OAK BROOK, IL 60523	TREATMENT SERVICES	ILLINOIS	501(C)(3)	(A)(VI)	INC.		х
PROCTOR HEALTH SYSTEMS - 36-4147437					METHODIST HEALTH		
5409 N KNOXVILLE AVE	PRIMARY HEALTH CARE			170(B)(1)	SERVICES		
PEORIA, IL 61614	SERVICES	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		Х
PROCTOR HOSPITAL - 37-0681540					METHODIST HEALTH		
5409 N KNOXVILLE AVE				170(B)(1)	SERVICES		
PEORIA, IL 61614	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		х
SELF INSURANCE TRUST AGREEMENT EST. BY					METHODIST MEDICAL		
METHODIST MEDICAL CENTER OF ILLINOIS , 221				509(A)(3),	CENTER OF		
NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FUND SELF-INSURANCE PLAN	ILLINOIS	501(C)(3)	TYPE I	ILLINOIS		Х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	zation?
SIOUXLAND PACE, INC 26-1120134						Yes	No
1200 TRI VIEW AVE	ALL-INCLUSIVE CARE FOR THE			170(B)(1)	ST. LUKE'S HEALTH		
SIOUX CITY, IA 51103		IOWA	501(C)(3)	(A)(III)	SYSTEM, INC.		х
ST. LUKE'S HEALTH RESOURCES - 42-1059182					, .		
2720 STONE PARK BLVD.	OUTPATIENT CLINICS AND				ST. LUKE'S HEALTH		
SIOUX CITY, IA 51104	HEALTHCARE SERVICES	IOWA	501(C)(3)	509(A)(2)	SYSTEM, INC.		x
ST. LUKE'S HEALTH SYSTEM, INC 42-1294091	SUPPORT AFFILIATES'				,		
2720 STONE PARK BLVD.	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
SIOUX CITY, IA 51104	CARE	IOWA	501(C)(3)	TYPE III	SYSTEM		х
ST. LUKE'S HEALTHCARE - 42-1487968	SUPPORT AFFILIATES'						
1026 A AVENUE NE	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
CEDAR RAPIDS, IA 52402	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		х
ST. LUKE'S METHODIST HOSPITAL - 42-0504780							
1026 A AVENUE NE	-			170(B)(1)	ST. LUKE'S		
CEDAR RAPIDS, IA 52402	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTHCARE		х
ST. LUKE'S/JONES REGIONAL MEDICAL CENTER -							
42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA,				170(B)(1)	ST. LUKE'S		
IA 52205	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTHCARE		х
STL CARE COMPANY - 42-1276632							
1026 A AVENUE NE	IMPROVE PUBLIC HEALTH				ST. LUKE'S		
CEDAR RAPIDS, IA 52402	SERVICES	IOWA	501(C)(3)	509(A)(2)	HEALTHCARE		х
TAZWOOD MENTAL HEALTH CENTER, INC							
37-1278969, 3248 VANDEVER AVE, PEKIN, IL				170(B)(1)	UNITYPOINT HEALTH		
61554	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	- UNITYPLACE		х
THE DUBUQUE VISITING NURSE ASSOCIATION -					FINLEY TRI-STATES		
42-0680410, 350 NORTH GRANDVIEW AVENUE,	PUBLIC HEALTH				HEALTH GROUP,		
DUBUQUE, IA 52001	SERVICES/HOME CARE	IOWA	501(C)(3)	509(A)(2)	INC.		х
THE FINLEY HOSPITAL - 42-0680354					FINLEY TRI-STATES		
350 NORTH GRANDVIEW AVENUE				170(B)(1)	HEALTH GROUP,		
DUBUQUE, IA 52001	HOSPITAL	IOWA	501(C)(3)	(A)(III)	INC.		х
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL							
HEALTH - 36-3678909, 2701 17TH STREET, ROCK				170(B)(1)	TRINITY REGIONAL		i i
ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	HEALTH SYSTEM	Х	1
TRIMARK PHYSICIANS GROUP - 45-3791448	SUPPORT SERVICES FOR						1
802 KENYON ROAD	MEDICAL CARE AND HEALTH			170(B)(1)	TRINITY HEALTH		i i
FORT DODGE, IA 50501	SERVICES	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
TRINITY COLLEGE OF NURSING & HEALTH SCIENCES				501(c)(3))		Yes	No
- 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL	EDUCATE AND DEVELOP			170(B)(1)	TRINITY MEDICAL		
61201	HEALTHCARE PROFESSIONALS	ILLINOIS	501(C)(3)	(A)(II)	CENTER		x
TRINITY HEALTH FOUNDATION - 42-1222381			501(0)(3)	(A)(11)	CENTER		
802 KENYON ROAD	-			170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501		IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х
TRINITY HEALTH FOUNDATION - 36-3321751		10111	501(0)(3)	(11) (• 1)			
2701 17TH STREET	-			170(B)(1)	TRINITY REGIONAL		
ROCK ISLAND, IL 61201	- CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	(A)(VI)	HEALTH SYSTEM	x	
TRINITY HEALTH SYSTEMS, INC 42-1222877	SUPPORT AFFILIATES'			(, (,			
802 KENYON ROAD	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
FORT DODGE, IA 50501	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		х
TRINITY MEDICAL CENTER - 36-2739299							
2701 17TH STREET	-			170(B)(1)	TRINITY REGIONAL		
ROCK ISLAND, IL 61201	- HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	HEALTH SYSTEM	x	
TRINITY REGIONAL HEALTH SYSTEM - 36-3351952	SUPPORT AFFILIATES'						
2701 17TH STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
ROCK ISLAND, IL 61201	CARE	ILLINOIS	501(C)(3)	, TYPE II	SYSTEM		x
TRINITY REGIONAL MEDICAL CENTER - 42-1009175							
802 KENYON ROAD	-			170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		x
UNITY HEALTHCARE - 42-0680337							
1518 MULBERRY AVENUE				170(B)(1)	TRINITY REGIONAL		
MUSCATINE, IA 52761	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM	x	
UNITY HEALTHCARE FOUNDATION - 42-1525031	SUPPORT AFFILIATES'						
1518 MULBERRY AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),			
MUSCATINE, IA 52761	CARE	IOWA	501(C)(3)	TYPE I	UNITY HEALTHCARE		х
UNITYPOINT HEALTH - MARSHALLTOWN -							
81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA				170(B)(1)	ALLEN HEALTH		
50703	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		х
UNITYPOINT HEALTH - MARSHALLTOWN FOUNDATION							
- 42-1388518, 3 SOUTH 4TH AVE, MARSHALLTOWN,				170(B)(1)	ALLEN HEALTH		
IA 50158	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х
UNITYPOINT HEALTH - UNITYPLACE - 83-4051901	SUPPORT AFFILIATES'				METHODIST HEALTH		
221 NORTHEAST GLEN OAK AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),	SERVICES		1
PEORIA, IL 61636	CARE	ILLINOIS	501(C)(3)	TYPE II	CORPORATION		Х

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled zation? No
UNITYPOINT AT HOME - 42-1477471						103	
1776 WEST LAKES PKWY, #400					IOWA HEALTH		
WEST DES MOINES, IA 50266	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	SYSTEM		х
UNITYPOINT HEALTH AT WORK - 81-0872241	EMPLOYER ONSITE MEDICAL						
1776 WEST LAKES PKWY, #400	SERVICES AND OCCUPATIONAL			170(B)(1)	IOWA HEALTH		
WEST DES MOINES, IA 50266	MEDICINE	IOWA	501(C)(3)	(A)(III)	SYSTEM		х
WISCONSIN DIALYSIS, INC 30-0072647							
3034 FISH HATCHERY ROAD				509(A)(3),			
MADISON, WI 53713	OUTPATIENT KIDNEY DIALYSIS	WISCONSIN	501(C)(3)	TYPE III			х
	_						
	_						

Schedule R (Form 990) 2022 TRINITY REGIONAL HEALTH SYSTEM

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ADVANCED IMAGING CENTER, LLC - 36-4356301, 615 VALLEY VIEW DRIVE, MOLINE, IL 61265	DIAGNOSTIC RADIOLOGY CENTER	IA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ANKENY MEDICAL PARK SURGERY			11/21	11/21	11/21	11/21			11/21		11/21
CENTER, L.C 83-1281114,	-										
3625 NORTH ANKENY BLVD., STE.	AMBULATORY										
J, ANKENY, IA 50021	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
CENTRAL IOWA CARDIOVASCULAR	CARDIOVASCULAR										
CO-MANAGEMENT CO., L.L.C	MANAGEMENT &										
27-3625869, 1200 PLEASANT ST,	ADMINISTRATIVE										
DES MOINES, IA 50309	SERVICES	IA	N/A	N/A	N/A	N/A		х	N/A	X	N/A
CENTRAL IOWA ONCOLOGY	ONCOLOGY										
CO-MANAGEMENT COMPANY -	MANAGEMENT &										
45-3017991, 1200 PLEASANT	ADMINISTRATIVE										
STREET, DES MOINES, IA 50309	SERVICES	IA	N/A	N/A	N/A	N/A		x	N/A	X	N/A

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

(a)	(b)	(c)	(d) Direct controlling	(e) Turc of antitu	(f)	(g)	(h)	(Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	conti	(b)(13) trolled tity?
		country)				400010		Yes	No
ABBE MANAGEMENT CORPORATION - 42-1361755									
740 N 15TH AVE., NO. A									
HIAWATHA, IA 52233	MANAGEMENT SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		Х
BELCREST SERVICES LTD - 37-1196307									
5409 N KNOXVILLE AVE									
PEORIA, IL 61614	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		Х
BROADBAND, INC 27-3819741									
1776 WEST LAKES PKWY. #400	INFORMATION								
WEST DES MOINES, IA 50266	TECHNOLOGY MGMT.	IA	N/A	C CORP	N/A	N/A	N/A		Х
DELHI POINT CONDO ASSOCIATION - 42-1467002									
350 N. GRANDVIEW	REAL ESTATE								
DUBUQUE, IA 52001	MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A		X
HCP CORPORATION - 39-1177562									
202 SOUTH PARK STREET									
MADISON, WI 53715	REAL ESTATE RENTAL	WI	N/A	C CORP	N/A	N/A	N/A		x

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h Disprop		(i) Code V-UBI	(j) General or	(k) Percentage
of related organization		domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes		amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes No	ownership
CENTRAL IOWA PHYSIO, LLC -											
36-4799633, 4714 GETTYSBURG	PHYSICAL										
ROAD, MECHANICSBURG, PA	THERAPY										
17055	SERVICES	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
CENTRAL IOWA SURGICAL	SURGICAL										
SERVICES CO-MANAGEMENT CO.,	MANAGEMENT &										
L.L.C 47-1608704, 1200	ADMINISTRATIVE										
PLEASANT ST, DES MOINES, IA	SERVICES	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
DUBUQUE ENDOSCOPY CENTER,											
L.C 20-1597161, 1515 DELHI											
STREET, SUITE 500, DUBUQUE,	AMBULATORY										
IA 52001	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
EASTERN IOWA SLEEP SUPPLY,											
LLC - 85-1990451, 275 10TH	MEDICAL										
STREET SE, STE 1130-B, CEDAR	EQUIPMENT										
RAPIDS, IA 52403	RETAIL SALES	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
HEALTH CARE AFFILIATES OF THE											
TRI-STATES, L.L.C	PROVIDE ACCESS										
42-1428503, 350 N. GRANDVIEW	TO LICENSED										
AVE, DUBUQUE, IA 52001	SOFTWARE	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
IOWA DIAGNOSTIC IMAGING AND											
PROCEDURE CENTER, L.C	OUTPATIENT										
03-0482623, 1200 PLEASANT	DIAGNOSTIC										
STREET, DES MOINES, IA 50309	IMAGING	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
IOWA HEALTH SYSTEM											
CONTRACTING SERVICES LC -											
42-1511142, 1776 WEST LAKES	GROUP										
PKWY, #400, WEST DES MOINES,	PURCHASING	IA	N/A	N/A	N/A	N/A	X		N/A	x	N/A
LAKEVIEW SURGERY CENTER, L.C.											
- 42-1516120, 1200 PLEASANT											
STREET, DES MOINES, IA 50309	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		х	N/A	x	N/A
i											
MR ASSOCIATES, LLP -	1										
42-1260463, 1956 1ST AVENUE	OWN AND OPERATE										
NE, CEDAR RAPIDS, IA 52402	MR UNIT	IA	N/A	N/A	N/A	N/A		Х	N/A	X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box	managing	(k) Percentage ownership
5		foreign country)	,	excluded from tax under sections 512-514)		assets	Yes No	20 of Schedule K-1 (Form 1065)	partner? Yes No	
ORTHOPAEDIC OUTPATIENT		oounityy								
SURGERY CENTER, L.C										
42-1508092, 1200 PLEASANT	AMBULATORY									
STREET, DES MOINES, IA 50309	SURGERY CENTER	IA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
REHABILITATION THERAPY										
SERVICES, L.L.C										
81-0584193, 416 ST. MARK'S	REHABILATION									
CT, #110, PEORIA, IL 61603	THERAPY	IL	N/A	N/A	N/A	N/A	x	N/A	x	N/A
THE OUTPATIENT SURGERY CENTER										
OF CEDAR RAPIDS, L.L.C										
72-1550812, 1075 FIRST AVENUE	AMBULATORY									
SE, CEDAR RAPIDS, IA 52403	SURGERY CENTER.	IA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
UNITED MEDICAL PARK ASC, LLC										
D/B/A THE SURGERY CENTER AT										
UNITED MEDICAL PARK, 1825	AMBULATORY									
LOGAN AVE, WATERLOO, IA	SURGERY CENTER	IA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
UPHT-SCA HOLDINGS, LLC -										
47-3564984, 569 BROOKWOOD	AMBULATORY									
VILLAGE, SUITE 901,	SURGERY CENTER									
BIRMINGHAM, AL 35209	INVESTMENT	DE	N/A	N/A	N/A	N/A	x	N/A	x	N/A
WEST HOSPITAL ORTHOPEDIC										
CO-MANAGEMENT COMPANY, LLC -	ORTHOPEDIC									
27-1414600, 1660 60TH STREET,	SERVICE LINES									
WEST DES MOINES, IA 50266	MANAGEMENT	IA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
WEST LAKES SLEEP CENTER, LLC	SLEEP DISORDER									
- 26-3193923, 5950 UNIVERSITY	DIAGNOSTIC									
AVENUE SUITE 2, WEST DES	TESTING									
MOINES, IA 50266	FACILITY	IA	N/A	N/A	N/A	N/A	x	N/A	X	N/A

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

(a) Name, address, and EIN of related organization	(state or entity foreign		Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)					_	Yes	No
HANSEN CHARITABLE REMAINDER ANNUITY TRUST -	4								
39-6770806, 210 FOURTH AVENUE, GRINNELL, IA	4		27 / 2		NT / N	37/3			
50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HANSEN CHARITABLE REMAINDER UNITRUST -	4								
39-6770807, 210 FOURTH AVENUE, GRINNELL, IA	4		/ -		/ _				
50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HEALTH ADVANTAGE PLUS, INC 42-1436490	4								
210 4TH AVENUE	4								
GRINNELL, IA 50112	PHYSICAL THERAPY	IA	N/A	C CORP	N/A	N/A	N/A		X
HEALTH PLUS INC - 37-1295532									
5409 N KNOXVILLE AVE	MANAGED CARE								
PEORIA, IL 61614	ADMINISTRATION	IL	N/A	C CORP	N/A	N/A	N/A		X
HNC SERVICES - 27-0987243									
1776 WEST LAKES PKWY, #400	FIBER OPTIC NETWORK								
WEST DES MOINES, IA 50266	SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		Х
MEDIMORE, INC 42-1414390									
1776 WEST LAKES PKWY. #400									
WEST DES MOINES, IA 50266	MANAGED CARE	IA	N/A	C CORP	N/A	N/A	N/A		x
MERITER HEALTH ENTERPRISES, INC									
39-1293620, 202 SOUTH PARK STREET, MADISON,	7								
WI 53715	MANAGEMENT SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		x
MERITER MANAGEMENT SERVICES, INC									
39-1458235, 202 SOUTH PARK STREET, MADISON,	ADMINISTRATIVE								
WI 53715	SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
METHODIST HEALTH VENTURES, INC. & SUB -	PHARMACY/OFFICE								
37-1140939, P.O. BOX 87, PEORIA, IL 61650	STAFFING	IL	N/A	C CORP	N/A	N/A	N/A		x
OPTIMUM HEALTH SOLUTIONS, INC 20-5430137									
221 NORTHEAST GLEN OAK AVE	HEALTH & WELLNESS								
PEORIA, IL 61636	CONSULTING	IA	N/A	C CORP	N/A	N/A	N/A		x
PEKIN PROHEALTH, INC 37-1117052									
600 SOUTH 13TH STREET	7								
PEKIN, IL 61554	CLINIC	IL	N/A	C CORP	N/A	N/A	N/A		x
PRECEDENCE, INC 37-1288604		1				.,			<u> </u>
4622 PROGRESS DRIVE, STE A	1								
DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A		x

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Sec 512(conti ent	(i) ction b)(13) rolled tity?
		country)		or trust)		assets			No
PRECEDENCE PLUS, INC 36-4140096									
4622 PROGRESS DRIVE, STE A									
DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDER RESOURCE MANAGEMENT, INC	_								
37-1223550, P.O. BOX 87, PEORIA, IL 61650	RESOURCE MANAGEMENT	IL	N/A	C CORP	N/A	N/A	N/A		x
STL HEALTH RESOURCES CO 42-1193499									<u> </u>
1026 A AVE NE	PHYSICIAN OFFICE								
CEDAR RAPIDS, IA 52402	RENTAL	IA	N/A	C CORP	N/A	N/A	N/A		x
TRINITY HEALTH ENTERPRISES, INC	RETAIL DURABLE		TRINITY						
36-3320141, 2701 17TH ST, ROCK ISLAND, IL	MEDICAL EQUIPMENT &		REGIONAL						
61201	PHARMACY	IL	HEALTH SYSTEM	C CORP	2,293,183.	643,032.	100%		x
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Schedule R (Form 990) 2022 TRINITY REGIONAL HEALTH SYSTEM

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this	schedule.					Ye	s No
During the tax year, did the organization engage in any of the fo	llowing transactions	with one or more re	lated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from	m a controlled entity				1	a 📃	Σ
						-	2
c Gift, grant, or capital contribution from related organization(s)						5 X	
d Loans or loan guarantees to or for related organization(s)						a 🗌	
e Loans or loan guarantees by related organization(s)						•	
f Dividends from related organization(s)						f	
g Sale of assets to related organization(s)					<u>1</u>	9	
n Purchase of assets from related organization(s)						_	
Exchange of assets with related organization(s)						i X	
Lease of facilities, equipment, or other assets to related organization						i	
Lease of facilities, equipment, or other assets from related organ	nization(s)					<u>ر</u>	
Performance of services or membership or fundraising solicitation	ons for related orgar	nization(s)				_	
n Performance of services or membership or fundraising solicitation	ons by related organ	ization(s)			11	<u>n X</u>	
Sharing of facilities, equipment, mailing lists, or other assets wit	h related organizatio	on(s)			1	1	
• Sharing of paid employees with related organization(s)						<u> </u>	
Reimbursement paid to related organization(s) for expenses						5	
Reimbursement paid by related organization(s) for expenses						1	-
Other transfer of cash or property to related organization(s)						r	
Other transfer of cash or property from related organization(s)						5	
2 If the answer to any of the above is "Yes," see the instructions f							-
(-)		(1-)	(-)		(

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH FOUNDATION	С	125,180.	BASED ON GAAP, CASH, AND/OR FMV.
(2) TRINITY MEDICAL CENTER	С	57,000.	BASED ON GAAP, CASH, AND/OR FMV.
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 TRINITY REGIONAL HEALTH SYSTEM

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(i org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tioi alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

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

SCHEDULE R, PARTS I - IV:

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

THIS ENTITY IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH),

THE NATION'S FIFTH LARGEST NON-DENOMINATIONAL HEALTH SYSTEM WITH \$4.3B

IN OPERATING REVENUE AND 27,000 TEAM MEMBERS. AS AN INTEGRATED HEALTH

SYSTEM, UNITYPOINT HEALTH PROVIDES CARE THROUGHOUT IOWA, WESTERN

ILLINOIS AND SOUTHERN WISCONSIN IN NOT-FOR-PROFIT HOSPITALS, CLINICS

AND OTHER HEALTHCARE FACILITIES. UNITYPOINT HEALTH OPERATES: 17

REGIONAL HOSPITALS; OVER 370 CLINICS; 19 COMMUNITY NETWORK HOSPITALS;

13 HOME CARE AREAS OF SERVICE; FIVE AFFILIATED COMMUNITY MENTAL HEALTH

CENTERS; AN ACCOUNTABLE CARE ORGANIZATION; AND HAS INSURANCE PRESENCE

ACROSS ALL OF ITS MARKETS.