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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization  
MERCY HEALTH SERVICES - IOWA CORP  
  
Doing business as  
SEE SCHEDULE O FOR LIST  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1000 4TH STREET SW  
  
City or town, state or province, country, and ZIP or foreign postal code  
MASON CITY, IA 50401

F Name and address of principal officer:  
ROBERT RITZ  
1111 6TH AVENUE  
DES MOINES, IA 50314

D Employer identification number  
31-1373080  
  
E Telephone number  
(515) 643-5300  
  
G Gross receipts \$ 801,168,466

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

J Website: WWW.TRINITY-HEALTH.ORG/IOWA

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number

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

L Year of formation: 1993

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 6

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6,220

6 Total number of volunteers (estimate if necessary) 6 461

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 34,416,859

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 4,945,586

9 Program service revenue (Part VIII, line 2g) 9 692,487,944

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 10 10,983,190

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 45,518,215

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 753,934,935

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 13 2,603,209

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 330,097,838

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 404,327,954

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 737,029,001

19 Revenue less expenses. Subtract line 18 from line 12 19 16,905,934

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 701,650,755

21 Total liabilities (Part X, line 26) 21 306,926,620

22 Net assets or fund balances. Subtract line 21 from line 20 22 394,724,135

Part II Signature Block

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

Sign Here

Signature of officer  
MICHAEL WEGNER REGIONAL CFO

2020-07-14  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name  
Firm's address

Preparer's signature  
Firm's EIN  
Phone no.

Date  
PTIN

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

MERCYONE SERVES WITH FIDELITY TO THE GOSPEL AS A COMPASSIONATE, HEALING MINISTRY OF JESUS CHRIST TO TRANSFORM THE HEALTH OF OUR COMMUNITIES. MERCY HEALTH SERVICES-IOWA IS A MEMBER OF MERCYONE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 732,789,806 including grants of \$ 1,999,420 ) (Revenue \$ 746,653,536 )  
See Additional Data

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

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

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 732,789,806

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b> 929	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 51	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	



**Part VI**

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ► BETH GDOWIK 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-1000

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

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

7

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,708,585	13,078,049	1,738,280

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 320

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASON CITY CLINIC PC 250 S CRESCENT DRIVE MASON CITY, IA 50401	MEDICAL SERVICES	14,871,076
HENKEL CONSTRUCTION COMPANY 208 E STATE STREET MASON CITY, IA 50402	CONSTRUCTION SERVICES	14,696,421
UNITED CLINICAL LABORATORIES 205 BLUFF STREET DUBUQUE, IA 52001	LABORATORY SERVICES	8,954,156
CONLON CONSTRUCTION PO BOX 3400 DUBUQUE, IA 52004	CONSTRUCTION SERVICES	4,779,760
NEUROSURGERY OF NORTH IOWA 1010 4TH ST SW SUITE 105 MASON CITY, IA 50401	MEDICAL SERVICES	4,060,056

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 105



**Part VIII Statement of Revenue**

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

**Contributions, Gifts, Grants and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . .	<b>1a</b>				
<b>b</b> Membership dues . . .	<b>1b</b>				
<b>c</b> Fundraising events . . .	<b>1c</b>				
<b>d</b> Related organizations	<b>1d</b>	1,065,310			
<b>e</b> Government grants (contributions)	<b>1e</b>	1,902,155			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	261,349			
<b>g</b> Noncash contributions included in lines 1a - 1f:\$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		3,228,814			

**Program Service Revenue**

	Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE	622110	662,758,408	662,758,408		
<b>b</b> PHARMACY REVENUE	446110	74,802,035	44,148,754	30,653,281	
<b>c</b> LABORATORY REVENUE	621500	1,399,940		1,399,940	
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		738,960,383			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,932,768			5,932,768
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	963,085				
<b>b</b> Less: rental expenses	956,993				
<b>c</b> Rental income or (loss)	6,092				
<b>d</b> Net rental income or (loss) . . . . . ▶		6,092		1,207	4,885
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	5,519,162	42,703			
<b>b</b> Less: cost or other basis and sales expenses	0	13,202			
<b>c</b> Gain or (loss)	5,519,162	29,501			
<b>d</b> Net gain or (loss) . . . . . ▶		5,548,663			5,548,663
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		8,378			
<b>b</b> Less: direct expenses . . . . . <b>b</b>		631			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		7,747			7,747
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>		2,873			
<b>b</b> Less: direct expenses . . . . . <b>b</b>		2,650			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶		223			223
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		1,172,987			
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		543,083			
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		629,904		542,830	87,074
Miscellaneous Revenue	Business Code				
<b>11a</b> MANAGEMENT REVENUE	541618	4,413,755	2,937,249	1,476,506	
<b>b</b> CAFETERIA REVENUE	722514	3,700,533			3,700,533
<b>c</b> GOV'T SUBSIDY-EHR	622110	203,209	203,209		
<b>d</b> All other revenue . . . . .		37,019,816	36,605,916	343,095	70,805
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		45,337,313			
<b>12 Total revenue.</b> See Instructions. . . . . ▶		799,651,907	746,653,536	34,416,859	15,352,698

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,940,228	1,940,228		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	59,192	59,192		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,228,171		3,228,171	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,123,768	133,152	990,616	
<b>7</b> Other salaries and wages	279,355,971	259,105,659	20,250,312	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	9,205,842	8,562,825	643,017	
<b>9</b> Other employee benefits . . . . .	28,323,697	26,187,700	2,135,997	
<b>10</b> Payroll taxes . . . . .	18,747,080	17,156,909	1,590,171	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	3,864,220	3,536,448	327,772	
<b>b</b> Legal . . . . .	181,407		181,407	
<b>c</b> Accounting . . . . .	13,820		13,820	
<b>d</b> Lobbying . . . . .	3,000		3,000	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	852,260		852,260	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,369,834	89,018,878	3,350,956	
<b>12</b> Advertising and promotion . . . . .	4,387,186	4,015,055	372,131	
<b>13</b> Office expenses . . . . .	7,988,191	7,310,614	677,577	
<b>14</b> Information technology . . . . .	33,039,894	30,237,373	2,802,521	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	14,375,336	13,155,986	1,219,350	
<b>17</b> Travel . . . . .	841,685	770,291	71,394	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	484,506	443,409	41,097	
<b>20</b> Interest . . . . .	9,487,956	9,487,956		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	37,278,073	34,116,060	3,162,013	
<b>23</b> Insurance . . . . .	3,707,055	3,392,614	314,441	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	159,911,781	159,911,781		
<b>b</b> INTERCO. PURCHASED SVCS	26,237,361	24,011,847	2,225,514	
<b>c</b> BAD DEBT EXPENSE	21,499,473	21,499,473		
<b>d</b> EQUIPMENT MAINTENANCE	13,266,293	12,141,015	1,125,278	
<b>e</b> All other expenses	6,839,645	6,595,341	244,304	
<b>25</b> Total functional expenses. Add lines 1 through 24e	778,612,925	732,789,806	45,823,119	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		2,776,916	<b>1</b>	2,471,309	
	<b>2</b>	Savings and temporary cash investments . . . . .		65,086	<b>2</b>	73,564	
	<b>3</b>	Pledges and grants receivable, net . . . . .		255,894	<b>3</b>	121,855	
	<b>4</b>	Accounts receivable, net . . . . .		86,312,549	<b>4</b>	93,844,934	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		2,111,566	<b>7</b>	2,620,772	
	<b>8</b>	Inventories for sale or use . . . . .		18,654,949	<b>8</b>	19,611,277	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,848,649	<b>9</b>	1,785,150	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	600,380,284			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	377,715,569	208,320,047	<b>10c</b>	222,664,715
	<b>11</b>	Investments—publicly traded securities . . . . .		181,128,256	<b>11</b>	213,410,601	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		109,368,666	<b>12</b>	130,244,615	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		90,808,177	<b>15</b>	89,020,862	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		701,650,755	<b>16</b>	775,869,654		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		65,233,082	<b>17</b>	70,798,784	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		134,385	<b>19</b>	349,650	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		4,623,325	<b>23</b>	4,982,035	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		236,935,828	<b>25</b>	279,487,005	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		306,926,620	<b>26</b>	355,617,474	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		393,682,301	<b>27</b>	420,060,815	
	<b>28</b>	Temporarily restricted net assets . . . . .		1,016,834	<b>28</b>	166,365	
	<b>29</b>	Permanently restricted net assets . . . . .		25,000	<b>29</b>	25,000	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		394,724,135	<b>33</b>	420,252,180		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		701,650,755	<b>34</b>	775,869,654		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	799,651,907
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	778,612,925
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	21,038,982
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	394,724,135
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,654,711
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-165,648
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	420,252,180

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
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?  
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 ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-1373080  
**Name:** MERCY HEALTH SERVICES - IOWA CORP

Form 990 (2018)

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

MERCY HEALTH SERVICES-IOWA (MHS-IA) IS COMPRISED OF FOUR HOSPITAL DIVISIONS IN THE STATE OF IOWA THAT PROVIDED OVER 156,000 PATIENT DAYS OF HEALTH CARE SERVICES TO THEIR COMMUNITIES THROUGHOUT THE STATE OF IOWA AND SURROUNDING STATES.PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS, AND AWARDS: [WWW.TRINITY-HEALTH.ORG/IOWA](http://WWW.TRINITY-HEALTH.ORG/IOWA)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT RITZ ..... DIRECTOR; REGIONAL PRESIDENT & CEO	1.00 .....	X		X				0	0	0
MILTON AVERY ..... DIRECTOR; CHAIR	1.00 .....	X		X				0	0	0
MARY CORITA HEID RSM ..... DIRECTOR; VICE CHAIR	1.00 .....	X		X				0	0	0
SALLY JEFFCOAT ..... DIR AS OF 3/19; TRINITY EVP GROWTH	1.00 ..... 54.00	X						0	1,621,782	73,096
MAURITA SOUKUP RSM ..... DIRECTOR	1.00 ..... 1.00	X						0	0	0
RALPH REEDER MD ..... DIRECTOR	1.00 ..... 1.00	X						0	0	0
RODNEY SCHLADER ..... TREAS THR 2/19; PRES NORTH IA REGION	54.00 ..... 1.00			X				0	409,042	57,197
MARCIA SMITH ..... SECRETARY; ASSOC. COUNSEL MERCYONE	1.00 ..... 44.00			X				0	410,340	37,098
MICHAEL WEGNER ..... TREASURER AS OF 2/19; REGIONAL CFO	1.00 ..... 1.00			X				0	0	0
KAY TAKES ..... PRESIDENT EASTERN IOWA REGION	30.00 ..... 25.00				X			0	446,684	49,399

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL MANTERNACH ..... SVP PHYS INTEGRATION/CMO NORTH IOWA	50.00 ..... 0.00				X			0	418,501	76,061
BETH HUGHES ..... PRESIDENT MERCYONE SIOUXLAND	55.00 ..... 0.00				X			0	396,356	66,083
DIANE FISCHELS ..... VP COO MERCYONE NORTH IOWA	50.00 ..... 0.00				X			0	341,264	47,758
AMY BERENTES ..... EVP COO EASTERN IOWA REGION	30.00 ..... 20.00				X			0	218,204	25,158
DANETTE ZOOK ..... VP FINANCE MERCYONE NORTH IOWA	48.00 ..... 2.00				X			0	214,125	47,334
KIM DUWE ..... VP FINANCE EASTERN IOWA REGION	30.00 ..... 20.00				X			0	201,130	35,512
LAWRENCE VOLZ ..... CMO MERCYONE SIOUXLAND	50.00 ..... 0.00				X			0	181,724	36,221
YEN LIU ..... PHYSICIAN, DERMATOLOGY NORTH IOWA	50.00 ..... 0.00					X		826,315	0	36,766
ALIREZA YARAHMADI ..... PHYSICIAN, NEUROLOGY NORTH IOWA	50.00 ..... 0.00					X		755,598	0	42,910
JAMES KARKOS ..... PHYSICIAN, DERMATOLOGY NORTH IOWA	50.00 ..... 0.00					X		737,329	0	45,126

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEROME PIERSON ..... PHYSICIAN, HEART CENTER NORTH IOWA	50.00 ..... 0.00					X		709,531	0	27,789
RICHARD SEEGER ..... PHYSICIAN, VASCULAR NORTH IOWA	50.00 ..... 0.00					X		679,812	0	32,208
PAUL NEUMANN ..... FORMER OFFCR;TH CHIEF LEGAL THR 8/18	0.00 ..... 55.00						X	0	1,229,277	556,844
BENJAMIN CARTER ..... FORMER OFFICER; TRINITY HEALTH CFO	0.00 ..... 55.00						X	0	1,665,531	67,211
RICHARD GILFILLAN MD ..... FORMER OFFICER; TRINITY HEALTH CEO	0.00 ..... 55.00						X	0	2,823,784	127,974
TERESA MOCK MD ..... FORMER KE; SVP CCO AND CPHO N. IOWA	50.00 ..... 0.00						X	0	367,061	45,461
GARY GUETZKO ..... FORMER KE;VP BUS DEVELOPMENT DUBUQUE	49.00 ..... 1.00						X	0	247,950	44,085
BRIAN MONSMA ..... FORMER KEY EMPLOYEE	0.00 ..... 0.00						X	0	194,289	15,422
TRACY LARSON ..... FORMER KE; CNO MERCYONE SIOUXLAND	49.00 ..... 1.00						X	0	210,628	38,070
KIMBERLY CHAMBERLIN ..... FORMER KE; CNO MERCYONE NORTH IOWA	49.00 ..... 1.00						X	0	215,332	27,950



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUE MEADE ..... FORMER KE; VP PROF SVCS DUBUQUE	50.00 ..... 0.00						X	0	172,999	36,825
JAMES FITZPATRICK ..... FORMER KEY EMPLOYEE	0.00 ..... 0.00						X	0	576,399	407
DANIEL VARNUM ..... FORMER KE;CHIEF INTEG OFFCR MERCYONE	0.00 ..... 50.00						X	0	372,799	41,011
AGNES HAGERTY ..... FORMER OFFICER;TRINITY ASSOC COUNSEL	0.00 ..... 30.00						X	0	142,848	1,304

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations . . . . .
- g

Provide the following information about the supported organization(s).

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	<b>Public support.</b> Subtract line 5 from line 4.						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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, supervised or controlled the supporting organization.		

Section 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 the supported organization(s).		

Section 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?		
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) 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? 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.		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

Part VI

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization MERCY HEALTH SERVICES - IOWA CORP	Employer identification number 31-1373080
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....

**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....

**c** Total lobbying expenditures (add lines 1a and 1b) .....

**d** Other exempt purpose expenditures .....

**e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....

**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....

**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		75,900
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		3,000
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		200
<b>j</b>	Total. Add lines 1c through 1i .....			79,100
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	MERCY HEALTH SERVICES - IOWA (MHS-IA) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MHS-IA WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. SIMILARLY, THESE HEALTH CARE ORGANIZATIONS WILL ARRANGE CONFERENCES AND SEMINARS FOR MEMBER ORGANIZATIONS AND THEIR EXECUTIVES WHICH INVOLVE LEGISLATORS OR OTHER POLITICAL FIGURES AS GUEST SPEAKERS. OUR 2019-2020 POLICY PRIORITIES INCLUDE: - EXPAND AND SECURE HEALTH INSURANCE COVERAGE FOR ALL: ENSURE A HIGH-FUNCTIONING HEALTH INSURANCE MARKETPLACE AND FURTHER MEDICAID EXPANSION IN ALL STATES. - ADVANCE VALUE-BASED CARE MODELS: HOLD PROVIDERS ACCOUNTABLE FOR BETTER HEALTH OUTCOMES, WHILE OFFERING GREATER WORKFORCE FLEXIBILITY AND ROBUST ACCESS TO TELEHEALTH SERVICES. - PROTECT THE 340B DRUG SAVINGS PROGRAM: ENABLE HOSPITALS THAT SERVE VULNERABLE COMMUNITIES - INCLUDING HIGH PERCENTAGES OF LOW-INCOME AND UNINSURED PATIENTS - TO CONTINUE TO COMPREHENSIVELY SERVE THEIR COMMUNITIES BY ALLOWING THE PURCHASE OF CERTAIN OUTPATIENT DRUGS AT A DISCOUNT FROM MANUFACTURERS THROUGH 340B. - ENSURE POPULATION BEHAVIORAL HEALTH: ADVANCE TRULY INTEGRATED CARE MODELS ACROSS THE CONTINUUM THAT ALLOW PROVIDERS ACCESS TO THE FULL MEDICAL RECORD WHILE PROTECTING PATIENT PRIVACY AND INCLUDE PREVENTION AND TREATMENT OF ADDICTION JUST LIKE OTHER CHRONIC ILLNESSES. - ADDRESS SOCIAL INFLUENCERS OF HEALTH: BUILD SYSTEMS THAT RESPOND TO THE EIGHTY PERCENT OF ONE'S HEALTH THAT IS INFLUENCED OUTSIDE OF THE HEALTH CARE SETTING. - SUSTAIN THE CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

Conservation Easements.

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	25,000	25,000	25,000	25,000	25,000
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	25,000	25,000	25,000	25,000	25,000

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		9,292,912		9,292,912
b Buildings . . . . .		354,773,959	211,298,004	143,475,955
c Leasehold improvements				
d Equipment . . . . .		219,159,435	166,060,838	53,098,597
e Other . . . . .		17,153,978	356,727	16,797,251
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				222,664,715

Schedule D (Form 990) 2018

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	40,075,266	F
(B) EQUITY METHOD INVESTMENTS	63,452,505	C
(C) HEDGE FUNDS	26,716,844	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	130,244,615	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	23,323,293
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	3,194,337
(3) INVESTMENT IN AFFILIATES	17,355,141
(4) OTHER ASSETS	3,189,621
(5) INTERCOMPANY LT PREPAID INFO SYSTEMS	41,958,470
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	89,020,862

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	9,503,899
DEFERRED COMPENSATION	9,065,599
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	4,611,617
INTERCOMPANY NOTES PAYABLE	254,537,421
ANNUITY PAYABLE	42,231
OTHER CURRENT LIABILITIES	1,132,141
INTERCOMPANY OTHER LIABILITIES	399,123
OTHER LONG-TERM LIABILITIES	194,974
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	279,487,005

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	9,503,899
DEFERRED COMPENSATION	9,065,599
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	4,611,617
INTERCOMPANY NOTES PAYABLE	254,537,421
ANNUITY PAYABLE	42,231
OTHER CURRENT LIABILITIES	1,132,141
INTERCOMPANY OTHER LIABILITIES	399,123
OTHER LONG-TERM LIABILITIES	194,974

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS OF MERCY HEALTH SERVICES - IOWA INCLUDE \$25,000 KNOWN AS THE VIANNA HO LSCHLAG SCHOLARSHIP FUND. INTEREST INCOME FROM THE FUND IS MADE AVAILABLE FOR NURSING SCHOLARSHIPS. PART V, LINE 3A: ENDOWMENTS HELD BY DUBUQUE MERCY HEALTH FOUNDATION AND DYERSVILLE HEALTH FOUNDATION FOR THE BENEFIT OF MERCY HEALTH SERVICES - IOWA ARE REPORTED ON THE FORM 990'S OF THE RESPECTIVE FOUNDATIONS.

SCHEDULE H  
(Form 990)

Department of the Treasury

**Name of the organization**  
MERCY HEALTH SERVICES - IOWA CORP

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

Open to Public Inspection

**Employer identification number**  
31-1373080

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b>	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b>	If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b>	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b>	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . . <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . . <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . . <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . . <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . . <b>b</b> If "Yes," did the organization make it available to the public? . . . . . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	Yes	
<b>3a</b>		Yes	
<b>3b</b>		Yes	
<b>4</b>		Yes	
<b>5a</b>		Yes	
<b>5b</b>			No
<b>5c</b>			
<b>6a</b>		Yes	
<b>6b</b>		Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .	4	12,229	7,462,225		7,462,225	0.990 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .	56	70,382	84,180,864	75,766,127	8,414,737	1.110 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	60	82,611	91,643,089	75,766,127	15,876,962	2.100 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	65	53,062	3,817,891	587,471	3,230,420	0.430 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	13	423	3,427,719	1,114,247	2,313,472	0.310 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	20	40,263	19,840,303	11,888,968	7,951,335	1.050 %
<b>h</b> Research (from Worksheet 7) . . . . .	4	98	60,615	12,593	48,022	0.010 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	36	61,698	727,336	57,097	670,239	0.090 %
<b>j Total.</b> Other Benefits . . . . .	138	155,544	27,873,864	13,660,376	14,213,488	1.890 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	198	238,155	119,516,953	89,426,503	30,090,450	3.990 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	2	35	1,053		1,053	0 %
3 Community support	1	1,415	2,047		2,047	0 %
4 Environmental improvements	1	254	849		849	0 %
5 Leadership development and training for community members	1	270	5,096		5,096	0 %
6 Coalition building						
7 Community health improvement advocacy	1	1,584	3,109		3,109	0 %
8 Workforce development						
9 Other						
10 Total	6	3,558	12,154		12,154	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

21,499,473

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

5

248,243,029

6 Enter Medicare allowable costs of care relating to payments on line 5

6

261,640,610

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

7

-13,397,581

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

9a

Yes

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 FOREST PARK IMAGING LLC	IMAGING SERVICES	52.890 %		47.110 %
2 2 MAGNETIC RESONANCE SERVICES LLC	MRI SERVICES	49.000 %		51.000 %
3 3 MASON CITY AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGICAL SERVICES	51.000 %		49.000 %
4 4 MERCY HEART CENTER OUTPATIENT SERVICES LLC	OUTPATIENT ECHOCARDIOGRAPHY AND NUCLEAR MEDICINE SERVICES	51.000 %		49.000 %
5 5 SURGICAL CENTER BUILDING ASSOCIATES LLC	OWNS AND LEASES SURGICAL CENTER BUILDING	35.000 %		65.000 %
6 6 SIOUXLAND SURGERY CENTER LLP (DBA DUNES SURGICAL HOSPITAL)	AMBULATORY SURGICAL SERVICES	30.940 %		44.460 %
7 7 HEALTH MANAGEMENT SERVICES LLC	AMBULATORY SURGICAL SVCS, OCCUPATIONAL HLTH SVCS AND PRIMARY CARE PHYS SVCS	50.000 %		50.000 %
8 8 PREFERRED HEALTH CHOICES LLC	MANAGEMENT SERVICES	50.000 %		50.000 %
9 9 UNITED CLINICAL LABORATORIES INC	MEDICAL LABORATORY	33.330 %		33.330 %
10 10 SSC MOB1 LLC	MEDICAL OFFICE BUILDING	12.030 %		55.610 %
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**6**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 MERCYONE NORTH IOWA MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCYONE NORTH IOWA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div><div>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c <input checked="" type="checkbox"/> Asset level</div><div>d <input checked="" type="checkbox"/> Medical indigency</div><div>e <input checked="" type="checkbox"/> Insurance status</div><div>f <input checked="" type="checkbox"/> Underinsurance discount</div><div>g <input checked="" type="checkbox"/> Residency</div><div>h <input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e <input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div><div>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j <input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes



<b>Part V Facility Information</b> <i>(continued)</i>		
<b>Billing and Collections</b>		
MERCYONE NORTH IOWA MEDICAL CENTER		
Name of hospital facility or letter of facility reporting group		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	<b>17</b>	Yes
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted	<b>19</b>	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		
<b>Policy Relating to Emergency Medical Care</b>		
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>21</b>	Yes

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE NORTH IOWA MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MERCYONE SIOUXLAND MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

3

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCYONE SIOUXLAND MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
<div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div> <div>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</div> <div>c <input checked="" type="checkbox"/> Asset level</div> <div>d <input checked="" type="checkbox"/> Medical indigency</div> <div>e <input checked="" type="checkbox"/> Insurance status</div> <div>f <input checked="" type="checkbox"/> Underinsurance discount</div> <div>g <input checked="" type="checkbox"/> Residency</div> <div>h <input checked="" type="checkbox"/> Other (describe in Section C)</div>			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
<div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div> <div>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div> <div>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div> <div>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div> <div>e <input type="checkbox"/> Other (describe in Section C)</div>			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
<div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div> <div>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div> <div>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div> <div>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div> <div>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div> <div>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div> <div>j <input checked="" type="checkbox"/> Other (describe in Section C)</div>			

**Part V Facility Information** (continued)**Billing and Collections**

MERCYONE SIOUXLAND MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE SIOUXLAND MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MERCYONE DUBUQUE MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

2

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCYONE DUBUQUE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

MERCYONE DUBUQUE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE DUBUQUE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
DUNES SURGICAL HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

4

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

DUNES SURGICAL HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

**Part V Facility Information** (continued)**Billing and Collections**

DUNES SURGICAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	No
If "No," indicate why:		
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

DUNES SURGICAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MERCYONE NEW HAMPTON MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

5

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCYONE NEW HAMPTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

MERCYONE NEW HAMPTON MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE NEW HAMPTON MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MERCYONE DYERSVILLE MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

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**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCYONE DYERSVILLE MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

MERCYONE DYERSVILLE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE DYERSVILLE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 16

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A:	MERCY HEALTH SERVICES-IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.IN ADDITION, THE HOSPITAL DIVISIONS OF MHS-IA INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES. TRINITY HEALTH ALSO INCLUDES MHS-IA'S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEMS.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE FOLLOWING NUMBER, \$21,499,473, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<b>PART II, COMMUNITY BUILDING ACTIVITIES:</b>	<p>MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND):MERCYONE SIOUXLAND CONTINUED TO COLLABORATE WITH COMMUNITY PARTNERS IN FISCAL YEAR 2019 TO PROMOTE ACTIVITIES THAT IMPROVE POPULATION HEALTH. WE CONTINUED OUR COMMITMENT TO LEADERSHIP DEVELOPMENT TRAINING FOR OUR COMMUNITY AND MANY COLLEAGUES OF MERCYONE SIOUXLAND, AND THE DUNES SURGICAL HOSPITAL ARE INVOLVED IN COMMUNITY BOARDS THAT HELP DEVELOP LEADERSHIP SKILLS FOR INDIVIDUALS IN OUR COMMUNITY. MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON):AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCYONE NEW HAMPTON TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. SUPPORT OF, AND CONTRIBUTIONS TO, COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS NEW HORIZONS-CHAMBER, AND THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCYONE NEW HAMPTON'S CATCHMENT COUNTIES. BY PROMOTING ECONOMIC DEVELOPMENT, MERCYONE NEW HAMPTON HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES.MERCYONE NEW HAMPTON ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA. MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER AND CEO SERVE ON THE BOARD OF DIRECTORS FOR THE INDUSTRIAL DEVELOPMENT CORPORATION, WHICH WORKS TO IMPROVE THE QUALITY OF LIVING IN THE NEW HAMPTON AREA. THE WORK INDUSTRIAL DEVELOPMENT CORPORATION ALSO TIES INTO WORKFORCE DEVELOPMENT AND COLLABORATING WITH OUR AREA COMMUNITY COLLEGES AND INDUSTRIES TO ENHANCE THEIR WORKFORCE. MERCYONE NEW HAMPTON'S CEO SERVES ON THE NORTHEAST IOWA COMMUNITY COLLEGE (NICC) SECTOR BOARD, WHICH WORKS TO DEVELOP CURRICULUM AT NICC THAT SUPPORTS THE NEEDS OF LOCAL EMPLOYERS AND AREA STUDENTS. MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER ALSO SERVES ON THE NEW HAMPTON ROTARY CLUB'S BOARD OF DIRECTORS AND IS THE PUBLIC IMAGE CHAIR FOR ROTARY DISTRICT 5970. MERCYONE NEW HAMPTON'S ANCILLARY SERVICES DIRECTOR IS THE PRESIDENT FOR THE NEW HAMPTON LION'S CLUB. WORKING CLOSELY WITH OTHER HEALTH CARE PARTNERS IN OUR COMMUNITY IS A PRIORITY FOR MERCYONE NEW HAMPTON. MERCYONE NEW HAMPTON ORGANIZED THE TRANSITIONS OF CARE TEAM AND MENTAL HEALTH COALITION. BOTH THESE TEAMS GATHER AREA HEALTH CARE PARTNERS TO DISCUSS ISSUES AND WORK TOGETHER TO FORM SOLUTIONS. THE CHICKASAW COUNTY AMBULANCE COUNCIL TAKES PART IN BOTH OF THESE GROUPS AND MERCYONE NEW HAMPTON IN TURN ASSISTS THE COUNCIL WITH CONTRACT NEGOTIATION PROCESSES AND WORKING WITH THEM TO ENSURE AREA HEALTH CARE TRANSPORTATION NEEDS ARE BEING MET. MERCYONE NEW HAMPTON ADDRESSES THE NEED FOR MEMBERS OF THE COMMUNITY TO SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS. MERCYONE NEW HAMPTON HAS A PROGRAM FOR COLLECTING PILL BOTTLES FOR RECYCLING TO HELP REDUCE THESE HAZARDS AS WELL.MERCYONE NEW HAMPTON PRIDES ITSELF ON BEING A COMMUNITY HEALTH IMPROVEMENT ADVOCATE. MERCYONE NEW HAMPTON'S WELLNESS COORDINATOR SERVES AS CHAIRPERSON FOR CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING, DRUG AND TOBACCO USE. THE WELLNESS COORDINATOR IS LEADING THE CHNA STRATEGY TEAM FOR RECREATION AND WELLNESS OPPORTUNITIES.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3:	<p>MHS-IA USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MHS-IA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHS-IA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4:	<p>MHS-IA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. FOR PATIENT ACCOUNTS RECEIVABLE RESULTING FROM REVENUE RECOGNIZED PRIOR TO JULY 1, 2018, PATIENT ACCOUNTS RECEIVABLE WERE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. PRIOR TO THIS DATE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS ESTABLISHED TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. GENERALLY, THIS ALLOWANCE WAS ESTIMATED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYER. UNDER THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2014-09 "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)," WHICH WAS ADOPTED EFFECTIVE JULY 1, 2018, AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE SUBSEQUENT TO THE ADOPTION OF ASU NO. 2014-09 ON JULY 1, 2018, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE."PART III, LINE 5: TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8:	<p>MHS-IA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.</p> <p>PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	MHS-IA'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN EACH HOSPITAL'S COLLECTION POLICY. THE HOSPITALS HAVE IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. IN THE ASSESSMENT OF THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED. MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) AND MERCYONE NEW HAMPTON EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS AND REPRESENTATIVES OF DEMOGRAPHIC GROUPS. THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY. IN PARTICULAR OUR PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED. THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS. THE STAFF OF THE DUNES SURGICAL HOSPITAL, IN COLLABORATION WITH MERCYONE SIOUXLAND STAFF, ROUTINELY (MONTHLY) MET WITH VARIOUS COMMUNITY AGENCIES, CHURCHES, AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO PARTNER WITH TO ADDRESS (1) ACCESS TO PRIMARY CARE, (2) EXERCISE AND NUTRITION, (3) ACCESS TO MENTAL HEALTH SERVICES, AND (4) SOCIAL INFLUENCERS OF HEALTH GENERAL POVERTY, HOMELESSNESS, EDUCATION AND HUNGER.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS COMMUNICATE EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. THE HOSPITALS OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS. THE HOSPITALS HAVE ESTABLISHED WRITTEN POLICIES FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. THE HOSPITALS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION -MERCYONE NORTH IOWA SERVES 14 COUNTIES IN NORTH CENTRAL IOWA. THE P RIMARY SERVICE AREA INCLUDES CERRO GORDO AND WORTH COUNTIES AND THE SECONDARY SERVICE AREA INCLUDES BUTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT COUNTIES. THE TOTAL POPULATION OF THE 14-COUNTY SERVICE AREA IS 198,134 REPRESENTING 85,574 HOUSEHOLDS (2017 CENSUS DATA). IN THE TOTAL SERVICE AREA, 21% ARE OVER AGE 65, AS COMPARED WITH 17% FOR THE STATE OF IOWA AS A WHOLE, AND 16% FOR THE UNITED STATES. TWENTY-TWO PERCENT OF THE SERVICE AREA IS CHILDREN UNDER THE AGE OF 18 . NINETY-SIX PERCENT OF THE SERVICE AREA IS WHITE, COMPARED WITH 91% FOR IOWA AND 77% FOR THE COUNTRY AS A WHOLE. FOUR PERCENT OF THE WHITE POPULATION IS HISPANIC IN THE NORTH IOWA AREA. NEARLY 5% OF THE SERVICE AREA IS UNINSURED, COMPARED WITH 5.5% IN IOWA AND 10.2% NATIONALLY. THE PRIMARY SERVICE AREA OF MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE) AND MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE) IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA.THE MAKEUP OF OUR COMMUNITY:ACCORDING TO THE 2010 U.S. CENSUS, THE CITY OF DUBUQUE'S DEMOGRAPHICS INCLUDED THE FOLLOWING: TOTAL POPULATION = 57,637 FEMALE POPULATION = 51.6%MALE POPULATION = 48.4%AVERAGE HOUSEHOLD SIZE = 2.28FAMILY HOUSEHOLDS = 59.1%NON-FAMILY HOUSEHOLDS = 40.9%AVERAGE FAMILY SIZE = 2.92 MEDIAN AGE = 38RACE: WHITE = 91.7%, BLACK OR AFRICAN AMERICAN = 4.0%, HISPANIC OR LATINO = 2.4%, ASIAN = 1.1%, NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER = 0.5%, AND AMERICAN INDIAN AND ALASKA NATIVE = 0.3%.TOTAL HOUSING UNITS = 25,029 HOUSING OCCUPANCY = 93.9% (65.7% OWNER-OCCUPIED, 34.3% RENTER-OCCUPIED)TOTAL AREA OF DUBUQUE (CITY LIMITS) = 31.63 SQUARE MILESMERCYONE SIOUX CITY AND DUNES SURGICAL HOSPITAL:SIOUX CITY, IOWA SERVES AS THE REGIONAL HUB FOR BUSINESS, EMPLOYMENT, INDUSTRY, RETAIL TRADE, MEDICAL CARE, AND EDUCATIONAL OPPORTUNITIES. SIX COUNTIES IN THE TRI-STATE AREA OF NORTHWESTERN IOWA, NORTHEASTERN NEBRASKA, AND SOUTHWESTERN SOUTH DAKOTA ARE INCLUDED IN THE SIOUXLAND COMMUNITY HEALTH NEEDS ASSESSMENT. INDIVIDUALS RESIDING IN THESE COUNTIES LIVE WITHIN A 40-MILE RADIUS OF SIOUX CITY. THE AREA INCLUDES THE IOWA COUNTIES OF WOODBURY AND PLYMOUTH; THE NEBRASKA COUNTIES OF DAKOTA, DIXON, AND THURSTON; AND THE SOUTH DAKOTA COUNTY OF UNION. THE TOTAL AREA FOR THESE COUNTIES IS 3,354 SQUARE MILES, WITH WOODBURY AND PLYMOUTH REPRESENTING 52% OF THE TOTAL AREA . THE SIOUXLAND REGION HAS A TOTAL CURRENT POPULATION OF 178,902 WITH AN ESTIMATED 1.5% INCREASE BY 2023.ABOUT 26% OF THE POPULATION IS UNDER THE AGE OF 18 YEARS AND 16% OF THE POPULATION IS OVER THE AGE OF 65 YEARS. THE RACE/ETHNICITY DISTRIBUTION IN THE AREA IS 74% WHITE, 16% HISPANIC, 3% BLACK, 2% ASIAN, AND 5% OTHER.IN THE AREA, 45% OF THE HOUSEHOLDS ARE IN AN ANNUAL INCOME GROUP OF LESS THAN \$50,000. THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES. THE JULY 2018 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION - WOODBURY, PLYMOUTH, AND DAKOTA - WAS 2.5%, 1.9%, AND 3.9% RESPECTIVELY. WOODBURY COUNTY HAS A POPULATION OF 104,815, WHICH REPRESENTS 59% OF THE SIOUXLAND REGIONAL TOTAL. THE COMMUNITY RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION. PLYMOUTH COUNTY HAS A POPULATION OF 24,140, OR 14% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY IS LE MARS WITH A POPULATION OF 12,900. AT 12% OF THE REGIONAL POPULATION, DAKOTA COUNTY HAS A POPULATION OF 20,910. SOUTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENT 84% OF THE COUNTY POPULATION. UNION COUNTY HAS A POPULATION OF 16,000, WHICH REPRESENTS 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENT 43% OF THE COUNTY POPULATION. THE TOTAL RESIDENTS IN THE COMMUNITIES OF SIOUX CITY, SERGEANT BLUFF, LE MARS, SOUTH SIOUX CITY, DAKOTA CITY, NORTH SIOUX CITY, AND DAKOTA DUNES TOTAL 130,850. COMPLETING THE SIX-COUNTY AREA IS THURSTON COUNTY WITH A POPULATION OF 7,190 AND DIXON COUNTY WITH A POPULATION OF 5,800 REPRESENTING 7% OF THE REGIONAL TOTAL.MERCYONE NEW HAMPTON SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,500. ACCORDING TO THE U.S. CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,005 IN 2017. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 3.5% DECLINE IN POPULATION FROM 2010 TO 2017. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY INDIVIDUALS IN THE AREA. OF THE CHICKASAW POPULATION, 20.5% WERE OVER AGE 65 IN 2017, COMPARED TO 16.7% FOR THE</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>E STATE AND 15.6% FOR THE NATION. IOWA RANKS TWELFTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65. THIS LARGE PERCENTAGE FOR THIS AGE GROUP PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS, BECAUSE THIS AGE GROUP HAS THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES, AND CORRESPONDINGLY, REPRESENTS THE BIGGEST USERS OF HEALTH CARE SERVICES. IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. APPROXIMATELY 51.4% OF MERCYONE NEW HAMPTON'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS. THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT \$56,800 IN 2017. CHILDREN BELOW THE POVERTY LEVEL COMPRISE 13% OF THE POPULATION. THE FISCAL YEAR 2019 PAYER MIX AT POINT OF REGISTRATION INCLUDES 47.3% COVERED BY MEDICARE, 10.9% COVERED BY MEDICAID AND 2.3% SELF-PAY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>OTHER INFORMATION - MERCYONE NORTH IOWA HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES WE HAVE TO OFFER AS A MAJOR REFERRAL CENTER. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES. MERCYONE NORTH IOWA IS INTENTIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE CARE ORGANIZATION RELATIONSHIPS AND COLLABORATING WITH COMMUNITY HEALTH PROVIDERS AND SOCIAL SERVICE AGENCIES, IN CREATING A SYSTEM OF CARE COORDINATION PROCESSES. AS A TEACHING HOSPITAL, WE HOST A THREE-YEAR FAMILY PRACTICE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. THE HOSPITAL SERVES AS A CLINICAL SITE FOR MULTIDISCIPLINARY STUDENTS. AS A COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART &amp; VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, VASCULAR AND WOUND, LEVEL II BIRTH, AND LEVEL II EMERGENCY CENTERS. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) COMMUNITY HEALTH CENTER OF MASON CITY ESTABLISHED A SATELLITE CLINIC IN CERRO GORDO COUNTY IN OCTOBER 2018 OFFERING FULL DENTAL SERVICES FOR ALL AGES. MERCYONE NORTH IOWA FURTHER INVESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY:- PROVIDING PRE-DIABETES CLASSES AND SUPPORT GROUP MEETINGS AT NO CHARGE - PROVIDING SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIP) COUNSELING BY SHIP VOLUNTEERS- SUPPORTING THE ELIMINATION OF BARRIERS TO HEALTH CARE BY PROVIDING TRANSPORTATION - PROVIDING SUPPORT FOR THOSE WHO ARE HOMELESS - COLLABORATING TO SUPPORT A SELF-SUFFICIENCY PROGRAM- PROVIDING THE MERCY FAMILY HEALTH LINE, A 24-HOUR/7-DAY A WEEK TELEPHONE MEDICAL TRIAGE AND INFORMATION SERVICE- PARTICIPATING IN MEALS ON WHEELS- PROVIDING FIVE HEALTH CAREER SCHOLARSHIPS ANNUALLY TO COMMUNITY RECIPIENTS THROUGH THE HOSPITAL VOLUNTEER AUXILIARY- PARTICIPATING WITH FOUR COMMUNITY AGENCIES IN COURAGE TO QUIT CESSATION PROGRAM TRAINING-PARTICIPATING IN CERRO GORDO COUNTY RURAL COMMUNITIES OPIOID PREPAREDNESS PLANNING - COLLABORATING TO ADDRESS OBESITY WITH NORTH IOWA LOCAL FOOD COALITION AND THE CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH - SUPPORTING THE COMMUNITY HEALTH CENTER OF MASON CITY FOR COMMUNITY HEALTH WORKERS- SCREENING INDIVIDUALS FOR SOCIAL INFLUENCERS OF HEALTH IN THE EMERGENCY DEPARTMENT AND CLINICS THROUGH THE IOWA STATE INNOVATION MODEL GRANT AND CONNECTING THOSE IDENTIFIED TO COMMUNITY RESOURCES - FACILITATING A DAILY VIRTUAL COMMUNITY HUDDLE TO INCLUDE THE CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATION, COMMUNITY HEALTH CENTER OF MASON CITY, COUNTY SOCIAL SERVICES, VA CLINIC, HOSPICE OF NORTH IOWA, AND PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE, TO ENABLE THE SHARING OF COMMUNITY RESOURCES, WHICH ASSIST POPULATIONS SERVED WITH IDENTIFIED BARRIERS IN FISCAL YEAR 2019, MERCYONE NORTH IOWA COLLABORATED ON ADVOCACY EFFORTS WITH OUR MERCYONE AND TRINITY HEALTH COLLEAGUES TO SUPPORT POLICIES SUCH AS TOBACCO 21, FUNDING FOR PUBLIC HEALTH AND PREVENTION EFFORTS, EXPANSION OF HEALTH CARE ACCESS AND INCREASED FUNDING FOR BEHAVIORAL HEALTH SERVICES. IN 1879, THE SISTERS OF MERCY ARRIVED IN DUBUQUE AT THE REQUEST OF BISHOP JOHN HENNESSY TO LAUNCH A HEALING MINISTRY NOW KNOWN AS MERCYONE DUBUQUE MEDICAL CENTER. TODAY, MERCYONE DUBUQUE IS THE LEADING HOSPITAL IN THE TRI-STATES, WITH THE MOST COMPREHENSIVE CARDIOLOGY CENTER IN THE AREA AND THE ONLY LEVEL II REGIONAL NEONATAL INTENSIVE CARE UNIT. OTHER SERVICES INCLUDE A TRAUMA CENTER, A CARF-ACCREDITED INPATIENT REHABILITATION UNIT, HOME HEALTH CARE, ORTHOPEDICS, CANCER CARE, RETAIL PHARMACIES, PALLIATIVE CARE, AND A WIDE RANGE OF OUTPATIENT AND COMMUNITY SERVICES. MERCYONE DUBUQUE OPERATES TWO HOSPITAL-BASED SKILLED NURSING UNITS AND A 40-BED NURSING HOME. IN RECOGNITION OF THE STRENGTH OF ITS NURSING SERVICE AND THE OVERALL QUALITY OF PATIENT CARE, MERCYONE DUBUQUE HAS BEEN DESIGNATED A MAGNET HOSPITAL FOUR CONSECUTIVE TIMES - THE NATION'S MOST PRESTIGIOUS AWARD FOR NURSING EXCELLENCE. IN DUBUQUE COUNTY, ONE OTHER HOSPITAL IS PRESENT AND ONE FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER. MERCYONE DUBUQUE AND MERCYONE DYERSVILLE ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS, WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCYONE DUBUQUE ALSO PROVIDES SEVERAL SERVICES THAT ARE UNIQUE TO THE COMMUNITY, INCLUDING OPEN-HEART SURGERY, NEONATAL INTENSIVE CARE AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES. MERCYONE DUBUQUE AND DYERSVILLE CONTINUE TO LEAD THE OPIOID RESPONSE TEAM MEETINGS, WHICH BRINGS TOGETHER COMMUNITY LEADERS TO ADDRESS THE OPIOID CRISIS IN A COORDINATED FASHION. MERCYONE DUBUQUE IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>EATS WELL. WITH THIS, WE WERE CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRE SS COMMUNITY NEED PROJECTS. WE ARE ALSO INVOLVED IN THE DOUBLE-UP BUCKS PROMOTION - FARMER S' MARKET COLLABORATION, WHICH DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASS ISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVEL Y SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET.MERCYONE DUBUQUE COLLABORATES WITH THE SINSINAWA COLLABORATIVE FARM TO SERVE THE NEEDS OF BEGINNER FARMERS WITH ACCESS TO LAN D, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES. WE COLLABOR ATE WITH THE FARM TO INSTITUTIONS NETWORK AND PROCUREMENT IN THE LONG-TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS. WE PA RTNER WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFES SIONALS DURING A WALKING EVENT. MERCYONE SIOUXLAND REMAINS FOCUSED ON IMPROVING THE HEALTH OF OUR COMMUNITY. MERCYONE SIOUXLAND IS HOME TO THE ONLY LEVEL II TRAUMA CENTER IN WESTER N IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA HELICOPTER AMBULANCE SERVI CE. WE ARE INVOLVED IN A NUMBER OF COMMUNITY COLLABORATIONS, WHICH SUPPORT THE SIOUXLAND M EDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENCY). MERCYONCE SIOUXLAND CONTINUES TO HAVE AN OPEN MEDICAL STAFF. IN ADDITION, MERCYONE SIOUXLAND COLLABORATES WITH HEALTH EDUCA TION PROGRAMS IN THE AREA INCLUDING ST. LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMU NITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY COLLEGE, NORTHWESTERN COLLEGE, NORTHWE ST COMMUNITY COLLEGE, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING. MERCYONE SIOUXLAND CON TINUES TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATING IN LOCAL COMMUNIT Y BOARDS.DUNES SURGICAL HOSPITAL CONTINUES TO HAVE AN OPEN MEDICAL STAFF AND COLLABORATES WITH THE HEALTH EDUCATION PROGRAMS IN THE AREA. THE HOSPITAL HAS MEMBERSHIP ON LOCAL BOARD S INCLUDING A HIGHER EDUCATION BOARD THAT EDUCATES STUDENTS FOR A FUTURE IN HEALTH CARE.ME RCYONE NEW HAMPTON IS THE SOLE COMMUNITY PROVIDER OFFERING A RANGE OF SPECIALIZED SERVICES , BIRTH CENTER, DIABETES AND NUTRITION EDUCATION, AND AN EMERGENCY CENTER. EMERGENCY SERVI CES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. EMERGENCY SERVICES ARE PROVID ED AT A FINANCIAL LOSS BUT IS A CRITICALLY NEEDED SERVICE. WE COLLABORATE WITH OTHER AGENC IES TO IMPROVE OVERALL COMMUNITY HEALTH AND WELL-BEING. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS, IN ORDER TO MEET THE NEEDS OF OUR NORTH EAST IOWA COMMUNITIES.MERCYONE NEW HAMPTON PRIDES ITSELF ON BEING COMMUNITY HEALTH IMPROVE MENT ADVOCATES. OUR COMMUNITY WELLNESS PROGRAM CONTINUES TO EXPAND AND IS CURRENTLY ACTIVE IN THE WALKING SCHOOL BUS PROGRAM, TOBACCO FREE COALITON, COMMUNITY FOOD &amp; FITNESS INITI ATIVE AND THE LOCAL FARMER'S MARKET. WE PROVIDE SUPPORT AND EXPERTISE TO THE CHICKASAW CON NECTIONS, A COALITION AGAINST UNDERAGE DRINKING AND DRUG USE. WE WORK CLOSELY WITH NEW HAM PTON COMMUNITY SCHOOLS TO EDUCATE STUDENTS ABOUT HEALTH AND WELLNESS. HANDWASHING LESSONS ARE TAUGHT TO ALL PRE-SCHOOL AND KINDERGARTEN CLASSES. WE ALSO INVITE ALL EIGHTH-GRADE STU DENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTH CARE CAREERS AVAILABLE TO THEM.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON: 1. REDUCING TOBACCO USE 2. REDUCING OBESITY PREVALENCE3. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT4. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY HEALTH. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE. ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS. TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS. TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT <a href="http://WWW.TRINITY-HEALTH.ORG">WWW.TRINITY-HEALTH.ORG</a>.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MERCYONE NORTH IOWA MEDICAL CENTER 1000 FOURTH STREET SW MASON CITY, IA 50401 WWW.MERCYONE.ORG/NORTHIOWA/ 170023H	X	X		X		X	X			
2	MERCYONE DUBUQUE MEDICAL CENTER 250 MERCY DRIVE DUBUQUE, IA 52001 WWW.MERCYONE.ORG/DUBUQUE/ 310003H	X	X					X		REHAB,LAB,PHARM, X-RAY,HOME CARE	
3	MERCYONE SIOUXLAND MEDICAL CENTER 801 FIFTH STREET SIOUX CITY, IA 51101 WWW.MERCYONE.ORG/SIOUXLAND/ 970112H	X	X					X		EMPLOYED PHYSICIANS, SKILLED CARE UNIT	
4	DUNES SURGICAL HOSPITAL 600 N SIOUX POINT ROAD DAKOTA DUNES, SD 57049 WWW.DUNESSURGICALHOSPITAL.COM 10580	X	X								
5	MERCYONE NEW HAMPTON MEDICAL CENTER 308 NORTH MAPLE AVE NEW HAMPTON, IA 50659 WWW.MERCYONE.ORG/NEWHAMPTON/ 190022H	X				X		X		EMPLOYED PHYSICIANS	

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
6	MERCYONE DYERSVILLE MEDICAL CENTER 1111 THIRD STREET SW DYERSVILLE, IA 52040 WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/ 310181H	X	X			X		X		REHAB,LAB,PHARM, X-RAY,HOME CARE	

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/APART V, SECTION B, LINE 3E: MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES 2. DIABETES 3. COST OF HEALTH CARE 4. OBESITY 5. HEART DISEASE 6. HEALTHY FOOD NOT AVAILABLE 7. ELDER CARE 8. LACK OF MEDICAL PROVIDERS 9. LACK OF SOCIAL/EMOTIONAL SUPPORT 10. TRANSPORTATION TO HEALTH APPOINTMENTS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/APART V, SECTION B, LINE 3E: MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. HOUSING/HOMELESSNESS2. MENTAL HEALTH3. SEXUAL HEALTH4. SUBSTANCE AND TOBACCO ABUSE5. OBESITY/CHRONIC HEALTH CONDITIONS6. ACCESS TO CARE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/APART V, SECTION B, LINE 3E: MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:1. OPIOID USE AND ABUSE2. OBESITY AND OVERWEIGHT3. ALCOHOL USE AND ABUSE4. MENTAL HEALTH ACCESS5. INFLUENZA IMMUNIZATIONS6. HEALTHY HOMES7. PRIMARY CARE ACCESS8. EMERGENCY/DISASTER PLANNING9. DRINKING WATER PROTECTION10. DENTAL CARE ACCESS11. SPECIALTY CARE ACCESS12. ELDER CARE ACCESS13. HIV/AIDS SCREENING AND PREVALENCE14. STD/STI SCREENING AND PREVALENCEIN THE MERCYONE DUBUQUE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES: 1.) HEALTHY BEHAVIORS AND LIFESTYLES; 2.) DISEASE INFECTION CONTROL; 3.) HEALTH CARE ACCESS; AND 4.) ENVIRONMENTAL HEALTH.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 3J: N/A PART V, SECTION B, LINE 3E: THE DUNES SURGICAL HOSPITAL (DUNES) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. HOUSING/HOMELESSNESS 2. MENTAL HEALTH 3. SEXUAL HEALTH 4. SUBSTANCE AND TOBACCO ABUSE 5. OBESITY/CHRONIC HEALTH CONDITIONS 6. ACCESS TO CARE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/A PART V, SECTION B, LINE 3E: MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH HAVE BEEN IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. NUTRITION (INCLUDING FOOD INSECURITY AND OBESITY) 2. MENTAL HEALTH 3. RECREATION/WELLNESS OPPORTUNITIES



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/APART V, SECTION B, LINE 3E: MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:1. OPIOID USE AND ABUSE2. OBESITY AND OVERWEIGHT3. ALCOHOL USE AND ABUSE4. MENTAL HEALTH ACCESS5. INFLUENZA IMMUNIZATIONS6. HEALTHY HOMES7. PRIMARY CARE ACCESS8. EMERGENCY/DISASTER PLANNING9. DRINKING WATER PROTECTION10. DENTAL CARE ACCESS11. SPECIALTY CARE ACCESS12. ELDER CARE ACCESS13. HIV/AIDS SCREENING AND PREVALENCE14. STD/STI SCREENING AND PREVALENCEIN THE MERCYONE DYERSVILLE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES: 1.) HEALTHY BEHAVIORS AND LIFESTYLES; 2.) DISEASE INFECTION CONTROL; 3.) HEALTH CARE ACCESS; AND 4.) ENVIRONMENTAL HEALTH.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	PART V, SECTION B, LINE 5: DURING THE 2016 CHNA ASSESSMENT PERIOD, MERCYONE NORTH IOWA WORKED WITH AN INDEPENDENT CONSULTANT TO DESIGN AND COORDINATE THE CHNA PROCESS. THE ASSESSMENT PERIOD SPANNED AUGUST 2016 THROUGH JANUARY 2017 WITH ADOPTION OF THE CNHA ON MARCH 1, 2017 BY THE BOARD OF DIRECTORS. DURING THE ASSESSMENT PERIOD, MERCYONE NORTH IOWA'S TRAINED FACILITATOR LEAD A SERIES OF FOCUS GROUPS AND INTERVIEWS WHICH WERE HELD WITH MEMBERS OR REPRESENTATIVES OF THE FOLLOWING GROUPS: LA LUZ HISPANA, HAMPTON, IA, WHICH PROVIDES SUPPORT AND RESOURCES TO AN UNDERSERVED HISPANIC COMMUNITY; COMMUNITY KITCHEN, WHICH SERVES FOOD TO THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; FREE MEDICAL AND DENTAL CLINICS, WHICH SERVE THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; AND THE COMMUNITY CARE COORDINATION PROGRAM, WHICH ASSISTS THOSE WHOM ARE SOCIALLY AND MEDICALLY UNDERSERVED. THE FOLLOWING NONPROFIT COMMUNITY AGENCIES ALSO CONTRIBUTED IN THE FOCUS GROUPS AND INTERVIEWS: CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATIONS, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, AND WELLSOURCE OF NORTH IOWA, ALL OF WHICH ADDRESS THE NEEDS OF THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY IN THE COMMUNITY. A CHNA STEERING COMMITTEE, COMPRISED OF A REPRESENTATIVE FROM EACH OF THESE COMMUNITY AGENCIES, SUMMARIZED AND ANALYZED DATA THAT WAS OBTAINED FROM THE FOLLOWING: THE COUNTY HEALTH RANKINGS FOR THE 14 COUNTIES IN THE MERCYONE NORTH IOWA SERVICE AREA, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COMMUNITY COMMONS WEBSITE, CHNA GOALS FROM THE PUBLIC HEALTH DEPARTMENTS IN EACH OF THE 14 COUNTIES, AND A SURVEY MONKEY QUESTIONNAIRE DISTRIBUTED TO MERCYONE NORTH IOWA EMPLOYEES AND OTHER AGENCIES. ALL OF THESE DATA SOURCES WERE SUMMARIZED AND INFORMATION PROVIDED TO A SEPARATE ADVISORY COMMITTEE, A GATHERING OF AGENCY REPRESENTATIVES. THE ADVISORY COMMITTEE THEN PRIORITIZED THE IDENTIFIED HEALTH NEEDS, BASED ON THE AVERAGE SCORE GIVEN BY COMMITTEE MEMBERS.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 5: IN 2018, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE SECOND JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA. THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B. ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVE THEM.BEGINNING IN EARLY 2018, PRIMARY AND SECONDARY INPUT WAS COLLECTED THROUGH A COMMUNITY MEETING OF NEARLY FIFTY COMMUNITY PARTNERS, AS WELL AS THE FOLLOWING SOURCES: U.S CENSUS BUREAU WEBSITE, 2018 NATIONAL COUNTY HEALTH RANKINGS, 2017 IA VITAL STATISTICS, IOWA PUBLIC HEALTH TRACKING PORTAL, 2016 CARES YOUTH SURVEY, 2018 COMPREHENSIVE STRATEGIES DATA BOOKLET, LOCAL HOSPITAL EMERGENCY ROOM DATA, POINT-IN-TIME COUNT FOR IOWA HOMELESS PROGRAMS, COMMUNITY COMMONS WEBSITE, CDC 500 CITIES: LOCAL DATA FOR BETTER HEALTH WEBSITE, AND HEALTHY IOWANS 2017 STATE HEALTHY ASSESSMENT SUPPLEMENT. THE DATA WAS ANALYZED BY THE CHNA PLANNING COMMITTEE. A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2018, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED IN 2019. A WRITTEN, COMMUNITY SURVEY WAS ALSO COMPLETED AND FOCUS GROUPS WERE HELD.THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:-UNION, SD-DAKOTA, DIXON, AND THURSTON, NE-PLYMOUTH AND WOODBURY, IA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY HEALTH CENTER, MERCYONE DYERSVILLE MEDICAL CENTER, AND UNITY POINT FINLEY HOSPITAL, HEREIN "STEERING COMMITTEE". THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS ALSO COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY. SURVEYS WERE GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018. THE SURVEY WAS OFFERED ON-LINE VIA "SURVEY MONKEY AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED RESPONSES WERE COLLECTED. THE DATA COLLECTION PROCESS ALSO INCLUDED COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE SURVEY. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH EACH OTHER, VALIDATING BOTH FINDINGS. THE STEERING COMMITTEE THEN BEGAN FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR CATEGORIES. THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON THE TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS. THE STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS FROM THE STEERING COMMITTEES. THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS. SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHKE FROM CRESCENT COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS THAT THEIR ORGANIZATIONS SERVE. THE PRIMARY MAKEUP OF THESE POPULATIONS ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY: THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH POPULATION THAT COMPRISES 23% OF OUR COMMUNITY. THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 5: IN 2018, THE DUNES SURGICAL HOSPITAL, MERCY MEDICAL CENTER-SIOUX CITY NOW KNOWN AS MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE SECOND JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA. THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B. ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVE THEM.BEGINNING IN EARLY 2018, PRIMARY AND SECONDARY INPUT WAS COLLECTED THROUGH A COMMUNITY MEETING OF NEARLY FIFTY COMMUNITY PARTNERS, AS WELL AS THE FOLLOWING SOURCES: U.S CENSUS BUREAU WEBSITE, 2018 NATIONAL COUNTY HEALTH RANKINGS, 2017 IA VITAL STATISTICS, IOWA PUBLIC HEALTH TRACKING PORTAL, 2016 CARES YOUTH SURVEY, 2018 COMPREHENSIVE STRATEGIES DATA BOOKLET, LOCAL HOSPITAL EMERGENCY ROOM DATA, POINT-IN-TIME COUNT FOR IOWA HOMELESS PROGRAMS, COMMUNITY COMMONS WEBSITE, CDC 500 CITIES: LOCAL DATA FOR BETTER HEALTH WEBSITE, AND HEALTHY IOWANS 2017 STATE HEALTHY ASSESSMENT SUPPLEMENT. THE DATA WAS ANALYZED BY THE CHNA PLANNING COMMITTEE. A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2018, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED IN 2019. A WRITTEN, COMMUNITY SURVEY WAS ALSO COMPLETED AND FOCUS GROUPS WERE HELD. THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:-UNION, SD-DAKOTA, DIXON, AND THURSTON, NE-PLYMOUTH AND WOODBURY, IA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER	PART V, SECTION B, LINE 5: MERCYONE NEW HAMPTON INITIATED THE ASSESSMENT PROCESS FOR THE 2019 CHNA. A PLANNING TEAM WAS FORMED CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS. MERCYONE NEW HAMPTON HAD SEVERAL MECHANISMS TO GATHER COMMUNITY INPUT ON SERVICES WHICH TOOK PLACE BETWEEN NOVEMBER 2018 AND JANUARY 2019, INCLUDING SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, COMMUNITY COMMONS, AND THE NORTHEAST IOWA COMMUNITY ACTION CORPORATION CLIENT NEEDS ASSESSMENT SURVEY. IN ADDITION, FOCUS GROUPS, INTERVIEWS AND INDIVIDUAL STORIES PROVIDE A VALUABLE TOOL TO GATHER QUALITATIVE DATA FOR STRATEGIC PLANNING. THERE IS GREAT VALUE IN HAVING COMMUNITY REPRESENTATIVES PARTICIPATE IN A GUIDED DISCUSSION ABOUT THE HEALTH STATUS OF THE COMMUNITY, THE ORGANIZATION'S STRENGTHS, AND OPPORTUNITIES FOR IMPROVEMENT. THESE DATA PROVIDE DIRECTION FOR STRATEGIC PLANNING AS MERCYONE NEW HAMPTON WORKS TO BECOME A TRUSTED HEALTHCARE PARTNER FOR LIFE. MERCYONE NEW HAMPTON WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING: LOW INCOME/UNDERSERVED (SALVATION ARMY, CHICKASAW COUNTY PUBLIC HEALTH, PASTORAL COMMITTEE, SCHOOL ADMINISTRATION AND NORTHEAST IOWA COMMUNITY ACTION); CHRONIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH, AND HOSPICE REPRESENTATIVES); AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY FAMILY AND PUBLIC HEALTH).

## Form 990 Part V Section C Supplemental Information for Part V, Section B.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY HEALTH CENTER, MERCYONE DUBUQUE MEDICAL CENTER AND UNITY POINT FINLEY HOSPITAL, HEREIN "STEERING COMMITTEE". THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS ALSO COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY. SURVEYS WERE GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018. THE SURVEY WAS OFFERED ON-LINE VIA "SURVEY MONKEY AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED RESPONSES WERE COLLECTED. THE DATA COLLECTION PROCESS ALSO INCLUDED COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE SURVEY. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH EACH OTHER, VALIDATING BOTH FINDINGS. THE STEERING COMMITTEE THEN BEGAN FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR CATEGORIES. THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON THE TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS. THE STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS FROM THE STEERING COMMITTEES. THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS. SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHKE FROM CRESCENT COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS THAT THEIR ORGANIZATIONS SERVE. THE PRIMARY MAKEUP OF THESE POPULATIONS ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY: THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH POPULATION THAT COMPRISES 23% OF OUR COMMUNITY. THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 6A: MERCYONE SIOUXLAND'S CHNA WAS CONDUCTED WITH UNITY POINT HEALTH-ST. LUKE'S AND DUNES SURGICAL HOSPITAL.



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	PART V, SECTION B, LINE 6A: MERCYONE DUBUQUE CONDUCTED ITS CHNA WITH MERCYONE DYERSVILLE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 6A: THE DUNES SURGICAL HOSPITAL'S CHNA WAS CONDUCTED WITH MERCYONE SIOUXLAND AND UNITY POINT HEALTH-ST. LUKE'S.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	PART V, SECTION B, LINE 6A: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH MERCYONE DUBUQUE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	PART V, SECTION B, LINE 6B: MERCYONE NORTH IOWA CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, WELLSOURCE OF NORTH IOWA, LA LUZ HISPANA, COMMUNITY KITCHEN OF NORTH IOWA, NORTH IOWA DENTAL CLINIC FOR THE UNINSURED AND UNDERINSURED, CERRO GORDO COUNTY FREE HEALTH CARE CLINIC, MASON CITY AREA CHAMBER OF COMMERCE, NORTH IOWA VOCATIONAL CENTER, MASON CITY PUBLIC LIBRARY, MASON CITY YMCA, NORTH IOWA COMMUNITY ACTION ORGANIZATION, BLUE ZONES PROJECT, NORTH IOWA TRANSITION CENTER, ELDERBRIDGE AGENCY ON AGING, KIMT TELEVISION STATION, RHYTHM CHURCH, MASON CITY YOUTH TASK FORCE, CENTRAL PARK DENTISTRY, MASON CITY SCHOOL SYSTEM, SALVATION ARMY OF MASON CITY, HY-VEE PHARMACY, CERRO GORDO COUNTY LAW ENFORCEMENT CENTER, NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS, IOWA WORKFORCE DEVELOPMENT, NEWMAN CATHOLIC SCHOOL, FIRST CITIZENS NATIONAL BANK, PROBATION/PAROLE MANAGER 2ND JUDICIAL DISTRICT, MASON CITY POLICE DEPARTMENT, MASON CITY PARATRANSIT, CHARLIE BROWN PRESCHOOL, IOWA SPECIALTY HOSPITAL, FAMILIES FIRST, IOWA LEGAL AID, AND NORTH IOWA YOUTH FOR CHRIST.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 6B: MERCYONE SIOUXLAND CONDUCTED ITS CHNA IN COLLABORATION WITH: BLUE ZONES, BRIAR CLIFF UNIVERSITY, CENTER FOR SEXUAL ABUSE AND DOMESTIC VIOLENCE, CONSULTING BY DESIGN, DOWNTOWN PARTNERS, FAMILY HEALTHCARE OF SIOUXLAND, HEARTLAND COUNSELING, IOWA STATE UNIVERSITY EXTENSION, JACKSON RECOVERY CENTERS, MORNINGSIDE COLLEGE, ONE SIOUXLAND, PLANNED PARENTHOOD OF GREATER IOWA, RONALD MCDONALD HOUSE, SIOUX CITY COMMUNITY DEVELOPMENT, SIOUX CITY COMMUNITY SCHOOLS, SIOUX CITY ELECTED OFFICIALS, SIOUX CITY HOUSING AUTHORITY, SIOUX CITY PARKS AND RECREATION, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE FOOD BANK OF SIOUXLAND, YMCA, INSTITUTE FOR COMMUNITY ALLIANCE, JUNE E. NYLEN CANCER CENTER, SIOUX CITY POLICE DEPARTMENT, SIOUXLAND MEDICAL EDUCATION FOUNDATION, SUNRISE RETIREMENT CENTER, UNITED HEALTH CARE, UNITED WAY OF SIOUXLAND, WESTERN IOWA TECH COMMUNITY COLLEGE, AND WINNEBAGO TRIBE.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	PART V, SECTION B, LINE 6B: MERCYONE DUBUQUE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:- CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- ASBURY CITY PARKS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 6B: THE DUNES SURGICAL HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH: BLUE ZONES, BRIAR CLIFF UNIVERSITY, CENTER FOR SEXUAL ABUSE AND DOMESTIC VIOLENCE, CONSULTING BY DESIGN, DOWNTOWN PARTNERS, FAMILY HEALTHCARE OF SIOUXLAND, HEARTLAND COUNSELING, IOWA STATE UNIVERSITY EXTENSION, JACKSON RECOVERY CENTERS, MORNINGSIDE COLLEGE, ONE SIOUXLAND, PLANNED PARENTHOOD OF GREATER IOWA, RONALD MCDONALD HOUSE, SIOUX CITY COMMUNITY DEVELOPMENT, SIOUX CITY COMMUNITY SCHOOLS, SIOUX CITY ELECTED OFFICIALS, SIOUX CITY HOUSING AUTHORITY, SIOUX CITY PARKS AND RECREATION, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE FOOD BANK OF SIOUXLAND, YMCA, INSTITUTE FOR COMMUNITY ALLIANCE, JUNE E. NYLEN CANCER CENTER, SIOUX CITY POLICE DEPARTMENT, SIOUXLAND MEDICAL EDUCATION FOUNDATION, SUNRISE RETIREMENT CENTER, UNITED HEALTH CARE, UNITED WAY OF SIOUXLAND, WESTERN IOWA TECH COMMUNITY COLLEGE, AND WINNEBAGO TRIBE.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	PART V, SECTION B, LINE 6B: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:- CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- ASBURY CITY PARKS



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	PART V, SECTION B, LINE 11: MERCYONE NORTH IOWA ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITHIN FISCAL YEAR 2019: LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES: TO ADDRE SS THE LACK OF MENTAL HEALTH PROVIDERS, MERCYONE NORTH IOWA HIRED ONE NEW OUTPATIENT PSYCH OLOGIST TO EXPAND PSYCHOLOGICAL TESTING AND FILLED ALL PREVIOUSLY OPEN POSITIONS IN THE OU TPATIENT DEPARTMENT. THE THERAPY UNITS OFFERED IN THE INTENSIVE OUTPATIENT PROGRAM/PARTIAL HOSPITAL PROGRAM INCREASED BY 34% AND INPATIENT GROUPS INCREASED FROM 20 TO 50 PER WEEK. MERCYONE NORTH IOWA PARTICIPATED IN A COMMUNITY COLLABORATIVE EVENT, THE MERCYONE NORTH IO WA BEHAVIORAL HEALTH CARE SUMMIT #2; WHICH WAS HELD ON JUNE 11, 2019, WITH FOCUS ON THE LG BTQ COMMUNITY AND FEATURED EVENING GUEST SPEAKER KEVIN HINES, A SUICIDE SURVIVOR. DIABETES : MERCYONE NORTH IOWA ENTERED INTO A COLLABORATIVE PARTNERSHIP IN 2017 WITH THE CERRO GORD O COUNTY DEPARTMENT OF PUBLIC HEALTH AND THE FAMILY YMCA TO INCREASE AWARENESS BY EDUCATIN G CITIZENS ON THE PREVENTION OF DIABETES USING LIFE COACHES. THIS COLLABORATION EXPANDED I N FISCAL YEAR 2019 TO ADD 5 NEWLY TRAINED LIFE STYLE COACHES, RESULTING IN 70 PERSONS SERV ED, 791 POUNDS LOST, AND AN OVERALL 5.36% BODY WEIGHT LOSS. THIS IS AN IOWA STATE INITIATI VE WITH THE IOWA DEPARTMENT OF PUBLIC HEALTH AND OTHER CERRO GORDO COUNTY COLLABORATIVE PA RTNERS. OBESITY: MERCYONE NORTH IOWA AND CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH CO NTINUED COLLABORATING TO SUPPORT THE 5-2-1-0 IOWA HEALTHY STATE PROGRAM THROUGH A PLACED B ASED GRANT FROM TRINITY HEALTH'S COMMUNITY HEALTH AND WELL BEING DEPARTMENT. THE OUTCOME O F INSTALLING REFILLABLE WATER BOTTLE FOUNTAINS WITHIN CERRO GORDO COUNTY IN AN EFFORT TO D RINK MORE WATER EQUATED TO 16 FOUNTAINS INSTALLED, 2,700 REFILLABLE WATER BOTTLES DISPERSE D, 1,699,140 OUNCES OF WATER DISPENSED AND 84,957 PLASTICS SAVED FROM THE LANDFILL BETWEEN SEPTEMBER AND DECEMBER 2018. HEALTHY FOODS NOT AVAILABLE:MERCYONE NORTH IOWA COLLABORATED WITH THE NORTH IOWA LOCAL FOOD COALITION, HEALTHY HARVEST OF NORTH IOWA, THE COMMUNITY AG ENCIES OF AG VENTURES, NORTH IOWA CORRIDOR, ONEVISION, CERRO GORDO PUBLIC HEALTH, ISU EXTE NSION AND OUTREACH, CERRO GORDO AND FRANKLIN COUNTIES, HEALTHY MASON CITY, AND NORTH IOWA FRESH TO ADDRESS THE AVAILABILITY OF HEALTHY FOODS. TWO EVENTS WERE HELD THAT PROVIDED EDU CATION TO LOCAL BUSINESSES AND CONSUMERS WITH A GOAL TO INSPIRE AND PROMOTE A DEEPER UNDER STANDING OF HOW TO ENGAGE ON THE LOCAL FOOD SYSTEM. MERCYONE NORTH IOWA CONTINUED IN FISCA L YEAR 2019 ITS COLLABORATION WITH FARMERS MARKETS PROMOTING FRESH WHOLE FOODS AND COMMUNI TY KITCHEN TO PROVIDE NUTRITIOUS BALANCED MEALS VIA MEALS ON WHEELS.HEART DISEASE: THE LEA DING CAUSE OF DEATH IN MERCYONE NORTH IOWA'S SERVICE AREA IS HEART DISEASE, WHICH SMOKING CONTRIBUTES TO SIGNIFICANTLY. MERCYONE NORTH IOWA PARTICIPATED IN THE TOBACCO COALITION, P ARTNERSHIP FOR A TOBACCO FREE CERRO GORDO COUNTY, WHICH IS A MULTI-COUNTY COLLABORATION WI TH THE CERRO GORDO COUNTY DEPA

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	RTMENT OF PUBLIC HEALTH, AND FOCUSED ON THE SMOKE FREE HOMES PROGRAM, SCREENING AND REFERR AL, AND PUBLIC AWARENESS ON VAPING PRODUCTS. IN PARTNERSHIP WITH TRINITY HEALTH, MERCYONE NORTH IOWA HOSTED A COMMUNITY-TRAINING EVENT, DURING WHICH FOUR ORGANIZATIONS WERE TRAINED IN THE COURAGE TO QUIT CESSATION CURRICULUM. ELDER CARE:MERCYONE NORTH IOWA CONTINUED ITS COMMITMENT TO COLLABORATE WITH THE FOLLOWING COMMUNITY PARTNERS IN ORDER TO CARE FOR THE ELDERLY IN OUR COMMUNITY: AGING SERVICES COALITION, ELDERBRIDGE AGENCY ON AGING, LOCAL NUR SING HOMES, COMMUNITY CARE COORDINATION PROGRAM, MERCY HOME CARE, AREA PUBLIC HEALTH DEPAR TMENTS, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND NORTH IOWA AREA COMMUNITY COLLEGE. M ERCYONE NORTH IOWA ALSO SPONSORED THE CERRO GORDO COUNTY SENIOR HEALTH INSURANCE INFORMATI ON PROGRAM (SHIIP), WHICH EXPANDED IN APRIL 2019 TO ADD ONE ADDITIONAL COUNSELOR, AND HELD ONE COMMUNITY WELCOME TO MEDICARE SEMINAR, WHICH WAS ATTENDED BY 41 PEOPLE. THIS PROGRAM ASSISTED UNDERINSURED ELDERLY OR MEDICARE- ELIGIBLE PATIENTS, WHO ARE DISABLED IN REMOVING FINANCIAL BARRIERS TO CARE BY ASSISTING CLIENTS WITH: MAKING CHANGES TO THEIR CURRENT SUPP LEMENT/DRUG PLANS, HELPING CLIENTS CONNECT TO EXTRA HELP PROGRAMS, AND CONNECTING TO MERCY ASSISTANCE PROGRAMS, WHEN APPLICABLE. LACK OF SOCIAL AND EMOTIONAL SUPPORT:COMMUNITY PLAN NING EVENTS WERE HELD TO PLAN FOR THE NEW BEHAVIORAL HEALTH COMMUNITY RESOURCE CENTER WITH A GOAL TO MAKE IT A WELCOMING ENVIRONMENT FOR THE COMMUNITY AT LARGE TO HAVE ACCESS TO ME NTAL HEALTH RESOURCES, COMMUNITY PARTNERS TO MEET, AND SPACE FOR COMMUNITY TO HOST EDUCATI ON GROUPS. COST OF HEALTH CARE:MERCYONE NORTH IOWA'S PARTICIPATION IN THE 340B PROGRAM, WH ICH OFFERED ESSENTIAL MEDICATIONS TO THOSE LIVING IN POVERTY AND INPATIENT AND OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE AND RECOVERY PROGRAMS VIA COMMUNITY HEALTH CENTER OF MASON CITY, BEJE CLARK AND PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE. OBTAINING THESE ESS ENTIAL MEDICATIONS WAS KEY TO BE SUCCESSFUL IN INDIVIDUALIZED TREATMENT PLANS. IN FISCAL Y EAR 2019, MERCYONE NORTH IOWA CONTINUED TO SUPPORT AND SUSTAIN THE SAFETY NET CARE COORDIN ATION MODEL, WHICH WAS INITIATED IN EARLY 2014, IN PARTNERSHIP WITH IOWA PRIMARY CARE ASSO CIATION, IOWA DEPARTMENT OF PUBLIC HEALTH, AND LOCAL COMMUNITY PARTNERS. THIS PARTNERSHIP HAS EXPANDED TO INCLUDE CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTE GRATED BEHAVIORAL HEALTHCARE, NORTH IOWA COMMUNITY ACTION ORGANIZATION, THE VA CLINIC, COU NTY SOCIAL SERVICES, NORTH IOWA TRANSITION CENTER, AND THE COMMUNITY HEALTH CENTER OF MASO N CITY. ALSO, MERCYONE NORTH IOWA OFFERED FINANCIAL ASSISTANCE TO QUALIFYING PATIENTS, WHI CH PROVIDES ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FO R THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES. MERCYONE N ORTH IOWA DID NOT DIRECTLY ADDRESS THE FOLLOWING LISTED NEEDS IN THIS CHNA CYCLE BECAUSE O F COMPETING PRIORITIES, LACK O

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	F RESOURCES, AND DUE TO THE FACT THAT OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES. LACK OF MEDICAL PROVIDERS:MERCYONE NORTH IOWA HAS ROBUST RECRUITMENT INITIATIVES IN PLACE TO RECRUIT AND RETAIN MEDICAL PROVIDERS WITHIN THE COMMUNITY. MERCYONE NORTH IOWA RECRUITED AND APPLIED FOR SIX J-1 VISA'S WHICH WERE APPROVED, ADDING TWENTY-TWO PROVIDERS IN ALL TO THE MERCYONE NETWORKTRANSPORTATION TO HEALTH APPOINTMENTS:ALTHOUGH MERCYONE NORTH IOWA DID NOT TAKE ADDITIONAL STEPS TO ADDRESS TRANSPORTATION TO HEALTH APPOINTMENTS; MERCYONE NORTH IOWA CONTINUED TO SUPPORT AND CONTRIBUTE FINANCIALLY TO OUR COMMUNITY PARTNER, THE SALVATION ARMY. THE SALVATION ARMY PROVIDED LEADERSHIP AND OVERSIGHT IN PARTNERSHIP WITH OTHER LOCAL COMMUNITY AGENCIES WITHIN CERRO GORDO COUNTY. MERCYONE NORTH IOWA, ALONG WITH THE CITY OF MASON CITY, REGION II TRANSIT, AND THE NORTH IOWA AREA COUNCIL OF GOVERNMENTS, COLLABORATIVELY ADDRESSED COORDINATION OF HUMAN SERVICES TRANSPORTATION INCLUDING; PARTICIPATING IN A TRANSPORTATION ADVISORY GROUP AND ATTENDING THE 2019 PASSENGER TRANSPORTATION SUMMIT TO LEARN OF INNOVATIVE SERVICES AND TRANSPORTATION COORDINATION IN IOWA. MERCYONE NORTH IOWA ADVOCATED TO ADDITIONAL ORGANIZATIONS TO PARTICIPATE IN THE TRANSPORTATION ADVISORY GROUP, ADDING THE VA CLINIC AND IOWA WORK FORCE.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: AFTER REVIEWING ALL INFORMATION AND DATA AVAILABLE FOR THE 2019 CHNA, THE FOLLOWING SIX NEEDS WERE IDENTIFIED FOR THE SIOUXLAND AREA: HOUSING/HOMELESSNESS, MENTAL HEALTH, SEXUAL HEALTH, SUBSTANCE ABUSE AND TOBACCO, OBESITY/CHRONIC HEALTH CONDITIONS, AND ACCESS TO CARE. MERCYONE SIOUXLAND ADDRESSED ALL OF THESE NEEDS EXCEPT SEXUAL HEALTH WITHIN THE PAST YEAR. MERCYONE SIOUXLAND ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. HOUSING/HOMELESSNESS: BASED ON THE 2018 SIOUX CITY POINT-IN-TIME COUNT, THERE ARE CURRENTLY 292 SHELTERED HOMELESS AND 6 UNSHELTERED HOMELESS INDIVIDUALS. THIS IS A DECREASE FROM THE 2016 POINT-IN-TIME COUNT OF 350 INDIVIDUALS SUFFERING FROM HOMELESSNESS. MERCYONE SIOUXLAND CONTINUES TO PROVIDE SUPPORT TO THE LOCAL HOMELESS SHELTER AND THE DAY SHELTER. MERCYONE SIOUXLAND HAS ALSO COLLABORATED WITH OTHER ORGANIZATIONS TO ASSIST INDIVIDUALS IN ACCESSING HOUSING THROUGH THE COORDINATED ENTRY PROGRAM. MERCYONE SIOUXLAND, ALONG WITH OTHER COMMUNITY AGENCIES AND CITIZENS, CONTINUED TO COLLABORATE TO IMPROVE ACCESS TO SHELTERED HOUSING WITHIN THE SIOUXLAND REGION. IN FISCAL YEAR 2019, MERCYONE SIOUXLAND COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS LARGE GROUP, SUB-COMMITTEES WERE FORMED TO CONCENTRATE ON ADDRESSING THE NEEDS THAT AROSE FROM CHRONIC HOMELESSNESS: DETOXIFICATION/MENTAL ILLNESS, SHELTER, ORGANIZATION REPORTING AND RETOOLING, SCREENING AND INTAKE, RESEARCH, EDUCATION AND COMMUNITY AWARENESS. THE CONSENSUS WAS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, WAS NOT SUFFICIENT DURING THE WINTER TO MEET THE GROWING DEMANDS OF THOSE WHO ARE HOMELESS. A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED. THIS REQUIRES COLLABORATION AND FUNDING FROM AGENCIES INVOLVED. THE WARMING SHELTER WAS OPERATIVE IN FISCAL YEAR 2019 DAY AND NIGHT DURING THE WINTER MONTHS AND WAS SUPPORTED BY MERCYONE SIOUXLAND. MENTAL HEALTH: THE MERCYONE SIOUXLAND CONTINUED IN FISCAL YEAR 2019 TO COLLABORATE WITH SIOUXLAND MENTAL HEALTH AND OTHER PROVIDERS TO COORDINATE MENTAL HEALTH CARE. MERCYONE SIOUXLAND PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH. RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS FOR THE SIOUXLAND AREA AND TELEMEDICINE WAS USED TO IMPROVE ACCESS FOR MENTAL HEALTH CARE. TOBACCO/SUBSTANCE ABUSE: IN FISCAL YEAR 2019, ADVOCACY EFFORTS TO CURB TOBACCO USE AND ACCESS WERE CONDUCTED THROUGH THE "REINVENT THE REEL" GRANT, WHICH WAS PROVIDED BY THE TRUTH INITIATIVE AND TRINITY HEALTH. REINVENT THE REEL ADVOCATES FOR SMOKE-FREE MOVIES AND TOBACCO 21, WHICH INVOLVES RAISING THE MINIMUM AGE FOR PURCHASING AND USING TOBACCO PRODUCTS TO 21. MERCYONE SIOUXLAND PROVIDERS AND HEALTH COACHES CONTINUE TO EDUCATE COMMUNITY</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	ITY MEMBERS ON HEALTHY LIFESTYLE CHOICES, INCLUDING THE CESSATION OF SMOKING AND ELIMINATI NG SUBSTANCE ABUSE. MERCYONE SIOUXLAND, THROUGH MERCYONE SIOUXLAND BUSINESS HEALTH, CONTIN UE TO PROVIDE SMOKING CESSATION CLASSES AND HEALTH COACHING FOR TOBACCO CESSATION. THE PRE VALENCE OF ADULT SMOKING HAS DECREASED IN FIVE OF THE SIX COUNTIES AS COMPARED TO 2015. EX CESSIVE DRINKING HAS ALSO DECREASED IN FIVE OF THE SIX COUNTIES SINCE 2015. MERCYONE SIOUX LAND PARTICIPATED IN, AND SUPPORTED THE ESTABLISHMENT OF A SOBER LIVING FACILITY IN SIOUX CITY. OBESITY/CHRONIC HEALTH CONDITIONS:OBESITY WAS AN ONGOING CONCERN IN SIOUXLAND. MERCY ONE SIOUXLAND CONTINUES TO PROVIDE HEALTH COACHING, EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. MERCYONE SIOUXLAND PROVIDERS CONTINUE TO MEASU RE BMIS FOR HEALTHY WEIGHT MONITORING. IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY IN F ISCAL YEAR 2019, MERCYONE SIOUXLAND CONTINUED COLLABORATING WITH THE SIOUXLAND YMCA IN REF ERRING PRE-DIABETIC PERSONS TO THE DIABETES PREVENTION PROGRAM (DPP). DPP COURSES WERE HEL D AND PARTICIPANTS DEMONSTRATED SUCCESS IN COMBATING OBESITY. MERCYONE SIOUXLAND CONTINUED TO PARTNER WITH THE FOOD BANK OF SIOUXLAND TO IMPROVE ACCESS TO HEALTHY FOODS, ESPECIALLY FRESH PRODUCE. MERCYONE SIOUXLAND COLLABORATED WITH THE IOWA STATE EXTENSION (MASTERS GAR DENERS), THE FOOD BANK OF SIOUXLAND, UP FROM THE EARTH AND THE SIOUXLAND DISTRICT HEALTH D EPARTMENT TO ESTABLISH COMMUNITY GARDENS IN LOWER INCOME NEIGHBORHOODS, GIVING THEM ACCESS TO FRESH VEGETABLES. ACCESS TO CARE:SIOUXLAND HAS SEEN IMPROVEMENTS IN COUNTY CLINICAL CA RE RANKINGS WHEN COMPARING 2015 TO 2018 IN TWO OF THE SIX COUNTIES WITHIN THE PRIMARY SERV ICE AREA. THOSE COUNTIES ARE UNION, SD AND DIXON, NE. ACCESS TO CARE IS ALSO REDUCED WHEN COMMUNITY MEMBERS LACK INSURANCE COVERAGE. SUCCESS WAS ACHIEVED IN REDUCING THE PERCENT OF UNINSURED ADULTS IN ALL SIX COUNTIES WITHIN THE PRIMARY SERVICE AREA (WOODBURY IA, PLYMOU TH IA, UNION SD, DAKOTA NE, DIXON NE, AND THURSTON, NE). IN ADDITION, MERCYONE SIOUXLAND B EGAN A PARAMEDICINE PROGRAM THAT HAS BEEN SUCCESSFUL IN REDUCING THE NUMBER OF UNNECESSARY AND PREVENTABLE HOSPITAL STAYS. THE EMERGENCY DEPARTMENT OF THE HOSPITAL HAS BEEN EFFECTI VE IN ESTABLISHING A PRIMARY CARE PHYSICIAN FOR PATIENTS RESIDING IN THE SIOUXLAND AREA TO ASSIST IN FOLLOW UP CARE. MERCYONE SIOUXLAND CONTINUED TO SUPPORT THE STREET MEDICINE PRO GRAM THAT PROVIDES MEDICAL CARE TO THOSE WHO ARE HOMELESS. ACCESS TO CARE HAS ALSO BEEN IM PROVED THROUGH THE SUCCESSFUL RECRUITMENT OF FOURTEEN ADDITIONAL PROVIDERS IN FISCAL YEAR 2019. MERCYONE SIOUXLAND ALSO CONTINUED THEIR FINANCIAL ASSISTANCE PROGRAM TO ASSIST WITH ACCESS TO NECESSARY CARE FOR THOSE WHO QUALIFY. MERCYONE SIOUXLAND IS LOCATED IN A MEDICAL LY UNDERSERVED AREA, WHICH ENABLED THE HOSPITAL TO RECRUIT PHYSICIANS WITH J-1 WAIVERS. CO MMUNITY HOSPITALS SUPPORTED THE SIOUXLAND MEDICAL EDUCATION FOUNDATION RESIDENCY PROGRAM F OR FAMILY PRACTICE PHYSICIANS.

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Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	MANY OF THESE PHYSICIANS STAYED IN THE LOCAL COMMUNITIES UPON GRADUATION. COMMUNITY URGEN T CARE CLINICS AND SIOUXLAND COMMUNITY HEALTH CENTER CONTINUES TO OFFER EXTENDED HOURS TO ACCOMMODATE THE NEEDS OF PATIENTS SCHEDULES. IN ADDITION, MERCYONE SIOUXLAND BEGAN OFFERIN G AN EXPRESS CARE CLINIC AT THE HY-VEE GROCERY STORE LOCATED ON HAMILTON BLVD. PROVIDERS A T THIS CONVENIENT LOCATION DIAGNOSED AND TREATED ILLNESSES SUCH AS INFLUENZA, STREP/SORE T HROAT, SINUS INFECTIONS, BRONCHITIS, URINARY TRACT INFECTIONS AND SKIN INFECTIONS/RASHES. BASIC HEALTH SCREENINGS FOR DIABETES, BLOOD PRESSURE AND TUBERCULOSIS WERE ALSO CONVENIENT LY AVAILABLE.SEXUAL HEALTH WAS IDENTIFIED AS A NEED IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST. LUKE'S HOSPITAL. AS UNITY POINT ACCOUNTED FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE SEXUAL HEALTH NEED. FOR THIS REASON, MERCYONE SIOUXLAND WILL NOT SPECIFICALLY ADDRESS TEE N BIRTHS.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2019 TO HELP REDUCE OBESITY IN OUR COMMUNITY:GROWING A HEALTHY COMMUNITY: MER CYONE DUBUQUE NURSES AND DIETITIANS, ALONG WITH CONVIVUM URBAN FARMSTEAD, HOSTED AN INTER ACTIVE DAY OF NUTRITION EDUCATION IN SEPTEMBER FOR FORTY SECOND-GRADE STUDENTS FROM AUDUBO N ELEMENTARY. DURING THE "GROWING A HEALTHY COMMUNITY" EVENT, STUDENTS ROTATED THROUGH STA TIONS WHERE THEY PARTICIPATED IN HANDS-ON ACTIVITIES SUCH AS PREPARING A NUTRITIOUS TAKE-H OME MEAL AND PLANTING GREEN BEANS FOR GROWING AT HOME. THEY ALSO TOURED THE COMMUNITY GARD ENS AND LEARNED ABOUT PROPER NUTRITION AND HYDRATION, SERVING SIZES, FOOD SAFETY, AND A LO T MORE IN WAYS THAT ARE FUN AND EASY FOR THEM TO UNDERSTAND.ROOSEVELT GREENHOUSE: MERCYONE DUBUQUE COMMUNITY BENEFIT GRANT; THIS NEW OUTDOOR LEARNING LAB ALLOWED STUDENTS TO EXPERI ENCE REAL-WORLD SCIENCE IN A SETTING OUTSIDE OF THE CLASSROOM. IT WAS ALSO USED TO SUPPORT THE WORK OF THE SCHOOL GARDEN CLUB.WELLNESS YOUR WAY SCHOLARSHIPS: MERCYONE DUBUQUE PROVI DED SCHOLARSHIPS TO INDIVIDUALS TO ATTEND OUR MERCYONE DUBUQUE'S 10-WEEK WELLNESS YOUR WAY PROGRAM. THE PROGRAM PROVIDED INDIVIDUALS WITH WHAT THEY NEEDED TO MAKE LASTING CHANGES F ROM AN EXPERT TEAM INCLUDING DIETITIANS, WELLNESS COACHES, A CHEF, AND FITNESS EXPERTS. PA RTICIPANTS LEARNED THEIR PERSONAL CALORIE NEEDS TO MANAGE THEIR WEIGHT AND HOW TO SET GOAL S, PLAN MEALS AND MODIFY RECIPES, DINE OUT, EXERCISE, AND MORE.MERCYONE DUBUQUE SUPPORTS T HE DUBUQUE COUNTY BOARD OF HEALTH AND DUBUQUE EATS WELL, WHICH ARE CURRENTLY FOCUSING ON E NHANCING LOCAL FOOD PANTRIES' ABILITY TO COLLECT AND DISTRIBUTE HEALTHY FOOD IN ORDER TO I NCREASE ACCESS TO, AND CONSUMPTION OF HEALTHY FOODS.MERCYONE DUBUQUE WAS ACTIVELY INVOLVED IN THE DUBUQUE COUNTY FOOD POLICY COUNCIL (DCFPC) WHICH HAS DISTRIBUTED GRANT MONEY FROM DUBUQUE COUNTY. THE GRANT MUST ADDRESS AT LEAST ONE OF THE CORE PRINCIPALS IDENTIFIED IN T HE DCFPC MISSION STATEMENT: HEALTH, WELL-BEING, ENVIRONMENTAL RESILIENCE, JUSTICE AND EQUI TY AS RELATED TO FOOD SYSTEMS IN DUBUQUE COUNTY.MERCYONE DUBUQUE'S COMMUNITY EDUCATION DEP ARTMENT OFFERED NUTRITION CLASSES ON TOPICS INCLUDING FOOD FOR THOUGHT AND SUGAR AND DISEA SE.MERCYONE DUBUQUE AGAIN SPONSORED AND ORGANIZED DUBUQUE ON THE MOVE WITH DU IT IN 2 AND FITPASS: DU IT IN 2 WAS AN OPPORTUNITY FOR EMPLOYERS TO CONNECT THEIR WORKFORCE AND THEIR FAMILIES WITH WELLNESS PROFESSIONALS AND RESOURCES IN THE COMMUNITY. IN ADDITION TO EXPLOR ING MULTIPLE HEALTH AND WELLNESS VENDORS, PARTICIPANTS HAD THE OPPORTUNITY TO EXPERIENCE A CIRCUIT OF TWO-MINUTE PHYSICAL ACTIVITY STATIONS. THE EVENT WAS FREE, OPEN TO ALL AGES AN D FAMILIES WERE ENCOURAGED.THE FITPASS WAS AN OPPORTUNITY TO CONNECT AREA EMPLOYEES WITH M ULTIPLE WELLNESS AND FITNESS RESOURCES AND PROFESSIONALS IN THE COMMUNITY DURING THE MONTH OF APRIL. REGISTRATION WAS FREE. THIS WAS A CHANCE FOR INDIVIDUALS AND FAMILIES TO TRY VA RIOUS WELLNESS ACTIVITIES AT P</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	ARTICIPATING VENDORS. OPPORTUNITIES INCLUDED 7-DAY FREE GYM MEMBERSHIP TRIALS, FREE YOGA CLASSES AND DISCOUNTED MASSAGES. MERCYONE DUBUQUE AGAIN SPONSORED THE MISSISSIPPI VALLEY RUNNING ASSOCIATION 5K-10K THAT ENCOURAGED FAMILIES TO TAKE PART IN THEIR FIRST COMPETITIVE RUNNING RACE.MERCYONE DUBUQUE WAS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL. WITH THIS, MERCYONE DUBUQUE CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS. DOUBLE-UP BUCKS PROMOTION DOUBLED THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR WAS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET.FARM TO INSTITUTIONS NETWORK AND PROCUREMENT IS A LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS. MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2019 TO HELP REDUCE OPIOID USE AND ABUSE AND ALCOHOL USE AND ABUSE IN OUR COMMUNITY:OPIOID RESPONSE TEAM: MERCYONE DUBUQUE FACILITATES AN OPIOID RESPONSE TEAM WITH 78 MEMBERS; REPRESENTING CITY, COUNTY, STATE, AND FEDERAL STAKEHOLDERS. THE TEAM MEETS EVERY SIX WEEKS AND WORKS ON ADVANCING LIFESAVING SOLUTIONS FOR DUBUQUE COUNTY AND BEYOND. THE OPIOID RESPONSE TEAM ALSO INCLUDES DISCUSSION, PROCESS, AND SOLUTIONS FOR OTHER DRUGS OF MISUSE; INCLUDING ALCOHOL MISUSE.SYRINGE SERVICE PROGRAM NEEDS ASSESSMENT: MERCYONE DUBUQUE DESIGNED AND FACILITATED A HARM REDUCTION NEEDS ASSESSMENT FOR DUBUQUE COUNTY. THE NEEDS ASSESSMENT FOCUSED ON DEFINING THE NEED FOR DUBUQUE COUNTY TO IMPLEMENT A SYRINGE SERVICE PROGRAM AND READINESS FOR SAME. FINDINGS WERE PRESENTED TO THE COUNTY BOARD OF HEALTH.MERCYONE DUBUQUE PRESENTED MEDICATION ASSISTED TREATMENT TRAINING FOR POLICE, SHERIFF, AND EMS TEAMS.MERCYONE DUBUQUE PRESENTED MEDICATION ASSISTED TREATMENT TRAINING/WORK SESSION FOR DUBUQUE COUNTY BOARD OF SUPERVISORS. MERCYONE DUBUQUE PROVIDED NALOXONE [NARCAN] TRAININGS AND EQUIPPED ALL LAW ENFORCEMENT AND COMMUNITY MEMBERS AS REQUESTED.MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2019 TO ADDRESS MENTAL HEALTH ACCESS IN OUR COMMUNITY:SEVERAL COLLEAGUES WERE INVOLVED IN LOCAL BRAIN HEALTH INITIATIVES TO IMPROVE MENTAL HEALTH ACCESS; BRAIN HEALTH TEAM, BRAIN HEALTH NOW, ACCESS CENTER TEAM, AND DUBUQUE COUNTY STAKEHOLDERS.EFFORTS TO SUPPORT A LOCAL FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER CONTINUED; SPECIFICALLY, ADDING MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE. THE COMMUNITY HEALTH CENTER ALSO ENHANCED ITS DENTAL CARE OFFERINGS AND CARE ACCESS.MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2019 TO ADDRESS STD/STI AND HIV/AIDS SCREENING AND PREVALENCE IN OUR COMMUNITY:MERCYONE DUBUQUE COLLABORATED WITH HILLCREST FAMILY SERVICES REGARDING HIV/AIDS SCREENING AND PREVALENCE AND STD/STI SCREENING AND PREVALENCE. WE ALSO PROVIDED LEADERSHIP AND SUPPORT FOR STAT



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	E OF IOWA INFECTIOUS DISEASE CORE TEAM REGARDING HIV AND HEP C REDUCTION. INFLUENZA IMMUNIZATIONS, EMERGENCY DISASTER PLANNING, AND DRINKING WATER PROTECTION WERE NOT SPECIFICALLY WORKED ON BY MERCYONE DUBUQUE, BUT WERE ADDRESSED BY OTHERS INVOLVED IN CHNA HEALTH IMPROVEMENT PLAN PROCESS. MERCYONE DUBUQUE ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCYONE DUBUQUE WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:- INFLUENZA IMMUNIZATIONS - MERCYONE DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OTHER AGENCIES ARE ALREADY HAVING SOME SUCCESS IN THIS AREA AND THEIR EXPERTISE BETTER POSITIONS THEM TO ADDRESS THE NEED.- ENVIRONMENTAL HEALTH (EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, AND HEALTHY HOMES) - MERCYONE DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR GROUP OF NEEDS BECAUSE CITY AND COUNTY RESOURCES ARE BEST ABLE TO ADDRESS THESE SPECIFIC NEEDS.- ACCESS TO CARE (PRIMARY, SPECIALTY, AND DENTAL) - MERCYONE DUBUQUE DID NOT DIRECTLY ADDRESS THIS PARTICULAR GROUP OF NEEDS IN FISCAL YEAR 2019 BECAUSE OF COMPETING PRIORITIES, HOWEVER THE HOSPITAL DOES PLAN TO PLACE EMPHASIS ON HEALTHCARE ACCESS IN 2020.- ELDER CARE - MERCYONE DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OF COMPETING PRIORITIES.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	<p>PART V, SECTION B, LINE 11: AFTER REVIEWING ALL INFORMATION AND DATA AVAILABLE FOR THE 2019 CHNA, THE FOLLOWING SIX NEEDS WERE IDENTIFIED FOR THE SIOUXLAND AREA:</p> <p>HOUSING/HOMELESSNESS, MENTAL HEALTH, SEXUAL HEALTH, SUBSTANCE ABUSE AND TOBACCO, OBESITY/CHRONIC HEALTH CONDITIONS, AND ACCESS TO CARE. THE DUNES SURGICAL HOSPITAL ADDRESSED ALL OF THESE NEEDS EXCEPT SEXUAL HEALTH AND MENTAL HEALTH WITHIN THE PAST YEAR. HOUSING/HOMELESSNESS:BASED ON THE 2018 SIOUX CITY POINT-IN-TIME COUNT, THERE ARE CURRENTLY 292 SHELTERED HOMELESS AND 6 UNSHELTERED HOMELESS INDIVIDUALS. THIS IS A DECREASE FROM THE 2016 POINT-IN-TIME COUNT OF 350 INDIVIDUALS SUFFERING FROM HOMELESSNESS. DUNES CONTINUED TO PROVIDE SUPPORT TO THE LOCAL HOMELESS SHELTER AND THE DAY SHELTER. DUNES, ALONG WITH OTHER COMMUNITY AGENCIES AND CITIZENS, CONTINUED TO COLLABORATE TO IMPROVE ACCESS TO SHELTERED HOUSING WITHIN THE SIOUXLAND REGION. IN FISCAL YEAR 2019, DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. THE CONSENSUS IS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, IS NOT SUFFICIENT DURING WINTER TO MEET THE GROWING DEMANDS OF THOSE WHO ARE HOMELESS. A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED. THIS REQUIRES COLLABORATION AND FUNDING FROM AGENCIES INVOLVED. THE WARMING SHELTER WAS OPERATIVE IN FISCAL YEAR 2019 DAY AND NIGHT DURING THE WINTER MONTHS AND WAS SUPPORTED BY DUNES. TOBACCO/SUBSTANCE ABUSE:THE PROVIDERS AT DUNES CONTINUE TO EDUCATE PATIENTS ON THE HEALTH RISKS OF SMOKING AND THE USE OF ALCOHOL. THE PREVALENCE OF ADULT SMOKING HAS DECREASED IN FIVE OF THE SIX COUNTIES. EXCESSIVE DRINKING HAS ALSO DECREASED IN FIVE OF THE SIX COUNTIES WHEN COMPARING 2015 TO 2018 DATA. DUNES, IN COLLABORATION WITH MERCYONE SIOUXLAND, CONTINUE TO WORK WITH OTHER COMMUNITY PARTNERS IN INCREASING THE AVAILABILITY OF DETOXIFICATION SERVICES IN THE AREA AND ESTABLISHING A SOBER LIVING FACILITY IN SIOUX CITY. OBESITY/CHRONIC HEALTH CONDITIONS:OBESITY CONTINUES TO BE AN ONGOING CONCERN IN SIOUXLAND. DUNES CONTINUES TO PROVIDE PATIENT EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. DUNES' PROVIDERS CONTINUE TO MEASURE PATIENT'S HEALTH RISK USING BMIS FOR HEALTHY WEIGHT MONITORING.ACCESS TO CARE:DUNES INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FISCAL YEAR 2019 BY CONTINUING TO OFFER A FINANCIAL ASSISTANCE PROGRAM, WHICH ALLOWS THOSE WHO MEET THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SURGICAL SERVICES . SIOUXLAND HAS ACHIEVED IMPROVEMENTS IN COUNTY CLINICAL CARE RANKINGS WHEN COMPARING 2015 TO 2018 IN TWO OF THE SIX COUNTIES WITHIN THE PRIMARY SERVICE AREA. THOSE COUNTIES ARE UNION, SD AND DIXON, NE. ACCESS TO CARE IS ALSO REDUCED WHEN COMMUNITY MEMBERS LACK INSURANCE COVERAGE. SUCCESS WAS ACHIEVED IN REDUCING THE PERCENT OF UNINSURED ADULTS IN ALL SIX COUNTIES WITHIN THE PRIMARY SERVICE AREA (WOODBURY IA, PLYMOUTH IA, UNION SD, DAKOTA NE, DIXON NE, AND THURSTON, NE). IN A</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	DDITION, DUNES, IN COLLABORATION WITH MERCYONE SIOUXLAND, BEGAN A PARAMEDICINE PROGRAM THA T HAS BEEN SUCCESSFUL IN REDUCING THE NUMBER OF UNNECESSARY AND PREVENTABLE HOSPITAL STAYS . AT THE TIME OF DISMISSAL, THE HOSPITAL STAFF MAKE AN APPOINTMENT FOR PATIENTS TO FOLLOW UP WITH A PRIMARY CARE PHYSICIAN TO ASSIST IN ACCESS TO PROPER FOLLOW UP CARE. MERCYONE SI OUXLAND, DUNES SURGICAL HOSPITAL, SIOUXLAND COMMUNITY HEALTH CENTER (SCHC), SUNNYBROOK CHU RCH, AND CNOS CONTINUE TO SUPPORT THE STREET MEDICINE PROJECT, WHICH PROVIDES ACCESS TO CA RE FOR OUR HOMELESS POPULATION IN THE COMMUNITY. THE STREET MEDICINE TEAM, WHICH IS COMPRI SED OF HEALTH CARE PROFESSIONALS, INCLUDING SOCIAL WORKERS, CHURCH MEMBERS AND OUTREACH VO LUNTEERS, ADMINISTERED FIRST-AID AND REFERRALS TO THE SCHC URGENT CARE CLINIC AND/OR MERCY ONE SIOUXLAND'S EMERGENCY DEPARTMENT. THROUGH SCHC, A FEDERALLY QUALIFIED HEALTH CENTER, M OBILE SHOWERS ARE AVAILABLE FOR OUR HOMELESS POPULATION AS WELL. THE DUNES SURGICAL HOSPIT AL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCES S, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS THAT DEEMED MOST PRE SSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON THE DUNES SUR GICAL HOSPITAL WILL NOT TAKE ACTION ON THE NEEDS OF SEXUAL HEALTH AND MENTAL HEALTH. UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA AND AGREED TO ADDRESS THE SEXUAL HEALTH NEED.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: MERCYONE NEW HAMPTON RESOURCES, AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES WERE TAKEN INTO CONSIDERATION OF THE S IGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA PROCESS. MERCYONE NEW HAMP TON IS FOCUSING ON DEVELOPING AND/OR SUPPORTING INITIATIVES AND MEASURES THEIR EFFECTIVENESS, TO IMPROVE THE FOLLOWING HEALTH NEEDS:NUTRITION AND FOOD INSECURITY: THROUGH THE CHNA PROCESS, MERCYONE NEW HAMPTON LEARNED THERE IS A SIGNIFICANT NEED TO IMPROVE FOOD SECURITY . WITH INFORMATION FROM A PRIVATE NON-PROFIT, NORTHEAST IOWA COMMUNITY ACTION CORPORATION (NEICAC), WHO SERVES LOW-INCOME INDIVIDUALS IN OUR AREA, FAMILIES NEED HELP ACCESSING FOOD FROM FOOD PANTRIES. THE CURRENT FOOD PANTRIES LOCATED IN CHICKASAW COUNTY ARE NOT OPEN IN THE EVENING OR ON WEEKENDS. MANY MIDDLE CLASS FAMILIES ARE CONSIDERED THE "WORKING POOR" BECAUSE THEY DON'T MAKE ENOUGH TO PAY ALL THE BILLS BUT THEY MAKE TOO MUCH TO QUALIFY FOR ANY GOVERNMENTAL ASSISTANCE PROGRAMS. OTHER CONCERNS FROM THIS POPULATION INCLUDE NOT HAVI NG ENOUGH FOOD AT HOME AND NOT KNOWING HOW TO GROCERY SHOP FOR HEALTHY FOODS ON A BUDGET. IN FISCAL YEAR 2019, A STRATEGIC INITIATIVE COMMITTEE, WHICH INCLUDES REPRESENTATIVES FROM THE CHICKASAW COUNTY FOOD PANTRY, NEICAC, MERCYONE NEW HAMPTON AND THE SALVATION ARMY, WA S ESTABLISHED TO BEGIN DEVELOPING AND IMPLEMENTING INITIATIVES TO ADDRESS NUTRITION AND FO OD INSECURITY. IN SEPTEMBER 2019, MERCYONE NEW HAMPTON EXPANDED ACCESS TO VOUCHERS FOR THE CHICKASAW COUNTY FOOD PANTRY FOR PATIENTS WHO ARE IN NEED. MENTAL HEALTH: SINCE THE 2016 CHNA, MERCYONE NEW HAMPTON HAS BEEN BUILDING THE COMMUNITY'S CAPACITY TO ADDRESS MENTAL HE ALTH ISSUES BY IMPROVING ACCESS TO AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPOR TUNITIES BY USING NEW COMMUNICATION CHANNELS AND TECHNOLOGIES. WHILE GREAT STRIDES WERE MA DE IN THOSE 3 YEARS, WORK IS STILL REQUIRED TO DEVELOP, IMPLEMENT AND PROMOTE PROGRAMS TO SUPPORT LOCAL MENTAL HEALTH ISSUES. IN OCTOBER 2018, MERCYONE NEW HAMPTON COLLABORATED WIT H SENIOR LIFE SOLUTIONS (SLS) TO OFFER OUTPATIENT HOSPITAL PSYCHIATRIC SERVICES TO PATIENT S OVER 65 YEARS OF AGE. THIS PARTNERSHIP HAS NOT ONLY INCREASED ACCESSIBILITY TO OUR SENIO R POPULATION, BUT IT HAS GIVEN MERCYONE NEW HAMPTON ACCESS TO SLS RESOURCES AND STAFF MEMB ERS WHO ARE HIGHLY EXPERIENCED IN MENTAL HEALTH ISSUES FOR ALL AGES. SLS STAFF HAVE BEEN L EADING THE EFFORTS TO INCREASE AWARENESS AND DECREASE THE STIGMA FOR MENTAL HEALTH. A 15 M EMBER, COUNTY-WIDE MENTAL HEALTH COALITION MEETS EACH MONTH AT MERCYONE NEW HAMPTON TO DIS CUSS AREA RESOURCES, ACCESS CONCERNS, TRANSPORTATION, SCHOOL INVOLVEMENT, LAW ENFORCEMENT TRAINING, ETC. RECREATION AND WELLNESS OPPORTUNITIES: IN COLLECTING THE DATA FOR THE 2019 CHNA, BOTH QUALITATIVE AND QUANTITATIVE SOURCES INDICATED THE NEED TO INCREASE ACCESS TO R ECREATION AND WELLNESS OPPORTUNITIES. THIRTY-TWO PERCENT OF THE CHICKASAW COUNTY POPULATIO N INDICATED THEY ARE WITHOUT A</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER	DEQUATE ACCESS TO LOCATIONS FOR PHYSICAL ACTIVITY. THE IMPACT OF PHYSICAL ACTIVITY FOR OUR HEALTH CAN PRODUCE LONG-TERM HEALTH BENEFITS LIKE PREVENTING CHRONIC DISEASES SUCH AS HEA RT DISEASE, CANCER, AND STROKE (THE THREE LEADING HEALTH-RELATED CAUSES OF DEATH). REGULAR PHYSICAL ACTIVITY CAN HELP CONTROL WEIGHT, REDUCE FAT AND PROMOTE STRONG BONE, MUSCLE, AN D JOINT DEVELOPMENT. IN FISCAL YEAR 2019, SEVERAL MERCYONE NEW HAMPTON LEADERS WORKED WITH THE NEW HAMPTON SOCCER CLUB TO ADD SOCCER AT THE HIGH SCHOOL LEVEL. SOCCER IS A VERY POPU LAR SPORT FOR OUR AREA YOUTH, ESPECIALLY WITH THE HISPANIC POPULATION WHO ARE AT A HIGHER RISK FOR DEVELOPING DIABETES. BY HAVING AN EXPANDED SOCCER PROGRAM, HISPANIC YOUTH WILL HA VE THE OPPORTUNITY TO BE ACTIVE IN A SPORT THEY ARE PASSIONATE ABOUT. A STRATEGIC INITIATI VE COMMITTEE, INCLUDING REPRESENTATIVES FROM THE CHICKASAW WELLNESS COMPLEX, NEW HAMPTON P ARKS & RECREATION, AREA NATURE/WALKING TRAIL COMMITTEES AND MERCYONE NEW HAMPTON, WAS ESTA BLISHED TO DISCUSS IMPROVEMENT EFFORTS.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	PART V, SECTION B, LINE 11: THE SIGNIFICANT NEED THAT WAS ADDRESSED BY MERCYONE DYERSVILLE WAS OBESITY. OBESITY WAS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS. IN FISCAL YEAR 2019, MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECTS:- MERCYONE DYERSVILLE WAS A SPONSOR OF THE 2018 DYERSVILLE COMMUNITY GAELIC GALLOP 2 MILE/8K FUN WALK/RUN.- MERCYONE DYERSVILLE WAS A SPONSOR OF THE DYERSVILLE CHAMBER OF COMMERCE WOMEN'S NIGHT, PROVIDED EDUCATION RELATED TO HEALTHY LIFESTYLES, AND COMPLETED BLOOD PRESSURE SCREENINGS FOR ANY PARTICIPANT THAT WAS INTERESTED.- MERCYONE DYERSVILLE COLLABORATED WITH WESTERN DUBUQUE COMMUNITY SCHOOLS IN APRIL 2019 FOR A COMMUNITY DAY PERFORMING YARD WORK AND OTHER OUTDOOR ACTIVITIES WITH MIDDLE AND HIGH SCHOOL STUDENTS.- MERCYONE DYERSVILLE HELD AN EDUCATION SESSION "DIABETES: CARB COUNTING FOR BLOOD SUGAR CONTROL".MERCYONE DYERSVILLE ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT AS A CRITICAL ACCESS HOSPITAL, IT COULD EFFECTIVELY FOCUS ON ONLY THE HEALTH NEED WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, MERCYONE DYERSVILLE DID NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS: OPIOID USE AND ABUSE, ALCOHOL USE AND ABUSE, MENTAL HEALTH ACCESS, INFLUENZA IMMUNIZATIONS, HEALTHY HOMES, PRIMARY CARE ACCESS, EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, DENTAL CARE ACCESS, SPECIALTY CARE ACCESS, ELDER CARE ACCESS, HIV/AIDS SCREENING AND PREVALENCE, STD/STI SCREENING AND PREVALENCE.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.



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Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER	PART V, SECTION B, LINE 16J: MERCYONE SIOUXLAND SENT PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY BROCHURES TO THE SIOUXLAND COMMUNITY HEALTH CENTER.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 7A	WWW.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 10A	<a href="http://WWW.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7A	WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/



<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 10A	WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 7A	WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 10A	<a href="http://WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A	WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A	WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

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Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 7A	<a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

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Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 10A	<a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

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Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 7A	WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/COMMUNITY-BENEFIT



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Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 10A	WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/COMMUNITY-BENEFIT

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Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 9	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 9	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7B	WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY- BENEFITWWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/HEALTH- PLANNING-/CHNAHIP.HTMLWWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7B	WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY- BENEFIT/WWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/HEALTH- PLANNING-/CHNAHIP.HTMLWWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



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Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	<a href="http://WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE">WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE</a>

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**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL, PART V, LINE 16A, FAP WEBSITE:	<a href="http://WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE">WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:	WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16B, FAP APPLICATION WEBSITE:	WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL, PART V, LINE 16B, FAP APPLICATION WEBSITE:	WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE, PART V, LINE 16B, FAP APPLICATION WEBSITE:	<a href="http://WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE">WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NORTH IOWA MEDICAL CENTER, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE DYERSVILLE MEDICAL CENTER, PART V, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	<a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/">WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE NEW HAMPTON MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:	<a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/">WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:	<a href="http://WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE">WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE</a>

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 9	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 1 - MEDICAL ASSOCIATES WEST CAMPUS 1500 ASSOCIATES DRIVE DUBUQUE, IA 52001	OCC. HEALTH, PHYS THER, AMBULATORY SURGERY
1 2 - MEDICAL ASSOCIATES CLINIC 1240 BIG JACK ROAD PLATTEVILLE, WI 53818	X-RAY, LAB, EMPLOYED PHYSICIANS
2 3 - TRI-STATE OCCUPATIONAL HEALTH 1920 ELM STREET DUBUQUE, IA 52001	PHYS THERAPY,EMPLOYED PHYSICIANS
3 4 - MEDICAL ASSOCIATES CLINIC 10988 BARTELL BLVD GALENA, IL 61036	HOME CARE,LAB, EMPLOYED PHYSICIANS
4 5 - MERCYONE DYERSVILLE MEDICAL CENTER 1121 THIRD STREET SW DYERSVILLE, IA 52040	CLINIC
5 6 - MEDICAL ASSOCIATES CLINIC 208 N 12TH STREET BELLEVUE, IA 52031	CLINIC
6 7 - MEDICAL ASSOCIATES CLINIC 911 NW CARTER ELKADER, IA 52043	CLINIC
7 8 - CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE, IA 52033	EMPLOYED PHYSICIANS, LAB, X-RAY, PT
8 9 - MEDICAL ASSOCIATES CLINIC 117 SOUTH MADISON CUBA CITY, WI 53807	X-RAY, LAB, EMPLOYED PHYSICIANS
9 10 - MEDICAL ASSOCIATES CLINIC 560 PLEASANT ST ELIZABETH,IL 61028	CLINIC
10 11 - MEDICAL ASSOCIATES CLINIC 107 S PAGE MONONA,IA 52159	CLINIC
11 12 - MEDICAL ASSOCIATES EAST CAMPUS 1000 LANGWORTHY DUBUQUE,IA 52001	OCC. HEALTH, PHYSICAL THERAPY
12 13 - MERCYONE DAKOTA DUNES MEDICAL LAB 101 TOWER RD SUITE 220 DAKOTA DUNES, SD 57049	REFERENCE LABORATORY
13 14 - MASON CITY SURGERY CENTER 990 4TH STREET MASON CITY, IA 50401	AMBULATORY SURGERY
14 15 - MERCY FAMILY CLINIC - BUFFALO CENTER 115 NORTH MAIN BUFFALO CENTER, IA 50424	X-RAY, LAB, EMPLOYED PHYSICIANS

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - TRI-STATE SURGERY CENTER 1500 ASSOCIATES DRIVE DUBUQUE, IA 52002	OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 18

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	4	6,800			
(2) TRANSPORTATION ASSISTANCE	316	8,589			
(3) HOUSING	8	4,660			
(4) LEGAL ASSISTANCE	2	168			
(5) MEDICAL BILLS	177	19,791			
(6) PRESCRIPTION AND MEDICAL SUPPLY ASSISTANCE	207	17,747			
(7) OTHER SERVICES/ITEMS	4	1,437			
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DONATIONS MADE BY MERCY HEALTH SERVICES - IOWA TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.

Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON CITY LITTLE LEAGUE INC PO BOX 1031 MASON CITY, IA 50401	42-1342767	501(C)(3)	10,000				COMMUNITY SUPPORT
NORTH IOWA AREA COMMUNITY COLLEGE FOUNDATION 500 COLLEGE DRIVE MASON CITY, IA 50401	23-7023677	501(C)(3)	6,500				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH IOWA CORRIDOR ECONOMIC DEVELOPMENT 9 N FEDERAL MASON CITY, IA 50401	75-3190471	506(C)(6)	20,000				COMMUNITY SUPPORT
NORTHEAST IOWA COMMUNITY ACTION CORP 305 MONTGOMERY ST DECORAH, IA 52101	42-6092713	501(C)(3)	6,000				SUPPORT CHICKASAW COUNTY RESIDENTS THAT ARE FACING HOMELESSNESS OR LOSS OF UTILITIES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF SIOUX CITY 1601 MILITARY ROAD SIOUX CITY, IA 51103	42-0681062	501(C)(3)	20,000				COMMUNITY SUPPORT FOR MENTAL HEALTH SERVICES
FOOD BANK OF SIOUXLAND INC PO BOX 985 SIOUX CITY, IA 51102	42-1381516	501(C)(3)	25,000				TRANSPORTATION SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 5TH AVE STE 1001 DES MOINES, IA 50309	27-0473272	501(C)(3)	9,250				COMMUNITY SUPPORT
THE WARMING SHELTER INC 601 PIERCE STREET SIOUX CITY, IA 51101	47-1257560	501(C)(3)	13,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102	14-1880022	501(C)(3)	312,612				FUNDING SUPPORT
WAHLERT CATHOLIC HIGH SCHOOL 2005 KANE ST DUBUQUE, IA 52001	42-0792429	RELIGIOUS SCHOOL	7,500				SUPPORT OF ATHLETIC TRAINER PROGRAM FOR THE HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE COMMUNITY SCHOOLS 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	PUBLIC SCHOOL	23,000				ATHLETIC TRAINER PROGRAM FOR TWO HIGH SCHOOLS AND TO SUPPORT ROOSEVELT GREENHOUSE
ALMOST HOME GUEST HOUSE AT ST JOHN'S LUTHERAN CHURCH 1296 WHITE ST DUBUQUE, IA 52001	42-7421408	501(C)(3)	10,000				SUPPORT FOR ST. JOHN'S LUTHERAN GUESTHOUSE FOR THE HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINSINAWA DOMINICAN SISTERS 585 COUNTY ROAD Z SINSINAWA, WI 53824	75-2335525	501(C)(3)	10,000				SINSINAWA MOUNT COLLABORTIVE FARM: CULTIVATE FARMERS TO GROW HEALTHY FOOD
ST STEPHEN'S FOOD BANK 3145 CEDAR CREST RIDGE DUBUQUE, IA 52003	42-1222356	501(C)(3)	5,500				SUPPORT TO BRING IN FRESH FOOD FOR UNDERSERVED POPULATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRESCENT COMMUNITY HEALTH CENTER 1789 ELM ST SUITE A DUBUQUE, IA 52001	48-1302204	501(C)(3)	20,000				COMMUNITY SUPPORT FOR OVERCOMING OBSTACLES TO HEALTHCARE
DUBUQUE RESCUE MISSION 398 MAIN ST DUBUQUE, IA 52001	42-0844836	CHURCH	5,500				SUPPORT OF MISSION SCHOOL OF PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE PO BOX 1309 DUBUQUE, IA 52004	42-0680493	501(C)(3)	10,500				COMMUNITY SUPPORT
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	447,913				FUNDING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040	20-5383271	501(C)(3)	154,541				FUNDING SUPPORT



**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
SCHOLARSHIPS	4	6,800			
TRANSPORTATION ASSISTANCE	316	8,589			
HOUSING	8	4,660			
LEGAL ASSISTANCE	2	168			
MEDICAL BILLS	177	19,791			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PRESCRIPTION AND MEDICAL SUPPLY ASSISTANCE	207	17,747			
OTHER SERVICES/ITEMS	4	1,437			

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization MERCY HEALTH SERVICES - IOWA CORP		Employer identification number 31-1373080

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

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

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

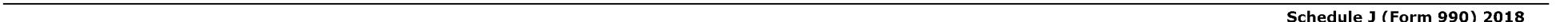
[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	MERCY HEALTH SERVICES - IOWA (MHS-IA) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MHS-IA HOSPITAL CEO'S ARE PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MHS-IA CEO'S: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINES 4A-B	<p>THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2018. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: JAMES FITZPATRICK - \$484,557 BRIAN MONSMA - \$154,000 PAUL NEUMANN - \$192,948 COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WAS REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNT, WHICH WAS UNPAID AS OF 12/31/18: PAUL NEUMANN - \$506,490 (PAID IN 2019) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2018, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2018. THE FOLLOWING PAYOUTS FOR 2018 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$232,182 JAMES FITZPATRICK - \$89,598 RICHARD GILFILLAN, MD - \$399,833 SALLY JEFFCOAT - \$229,074 PAUL NEUMANN - \$172,542 KAY TAKES - \$46,310 DANIEL VARNUM - \$109,845 THE FOLLOWING ACCRUAL FOR 2018 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II: BETH HUGHES - \$39,583 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$275,000 FOR 2018). THE FOLLOWING PAYOUTS FOR 2018 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: DIANE FISCHELS - \$0 PAUL MANTERNACH - \$0 TERESA MOCK, MD - \$0 RODNEY SCHLADER - \$0 MARCIA SMITH - \$3,145 THE FOLLOWING ARE PARTICIPANTS IN A MHS-IA NON-QUALIFIED ELECTIVE DEFERRED COMPENSATION PLAN. THE FOLLOWING DEFERRALS FOR 2018 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: JAMES KARKOS - \$30,489 YEN LIU - \$40,350 RICHARD SEEGER - \$30,333 ALIREZA YARAHMADI - \$43,812 THE FOLLOWING INDIVIDUAL IS A PARTICIPANT IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE FOLLOWING PAYOUT FROM THIS PLAN IS INCLUDED IN COLUMN (B) (III) OF SCHEDULE J, PART II: AGNES HAGERTY - \$99,370</p>



Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SALLY JEFFCOAT DIR AS OF 3/19; TRINITY EVP GROWTH	(i)	0	0	0	0	0	0	0
	(ii)	917,976	424,196	279,610	12,375	60,721	1,694,878	0
RODNEY SCHLADER TREAS THR 2/19; PRES NORTH IA REGION	(i)	0	0	0	0	0	0	0
	(ii)	375,559	28,921	4,562	20,625	36,572	466,239	0
MARCIA SMITH SECRETARY; ASSOC. COUNSEL MERCYONE	(i)	0	0	0	0	0	0	0
	(ii)	379,290	22,487	8,563	12,375	24,723	447,438	0
KAY TAKES PRESIDENT EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	333,740	56,242	56,702	20,625	28,774	496,083	0
PAUL MANTERNACH SVP PHYS INTEGRATION/CMO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	371,904	43,769	2,828	16,500	59,561	494,562	0
BETH HUGHES PRESIDENT MERCYONE SIOUXLAND	(i)	0	0	0	0	0	0	0
	(ii)	279,798	25,000	91,558	51,030	15,053	462,439	0
DIANE FISCHELS VP COO MERCYONE NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	301,496	35,583	4,185	20,625	27,133	389,022	0
AMY BERENTES EVP COO EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	207,933	9,353	918	13,253	11,905	243,362	0
DANETTE ZOOK VP FINANCE MERCYONE NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	188,502	23,276	2,347	16,653	30,681	261,459	0
KIM DUWE VP FINANCE EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	178,596	20,409	2,125	9,288	26,224	236,642	0
LAWRENCE VOLZ CMO MERCYONE SIOUXLAND	(i)	0	0	0	0	0	0	0
	(ii)	171,135	9,158	1,431	6,826	29,395	217,945	0
YEN LIU PHYSICIAN, DERMATOLOGY NORTH IOWA	(i)	769,234	0	57,081	12,375	24,391	863,081	0
	(ii)	0	0	0	0	0	0	0
ALIREZA YARAHMADI PHYSICIAN, NEUROLOGY NORTH IOWA	(i)	699,467	0	56,131	16,500	26,410	798,508	0
	(ii)	0	0	0	0	0	0	0
JAMES KARKOS PHYSICIAN, DERMATOLOGY NORTH IOWA	(i)	412,262	0	325,067	16,500	28,626	782,455	0
	(ii)	0	0	0	0	0	0	0
JEROME PIERSON PHYSICIAN, HEART CENTER NORTH IOWA	(i)	666,292	39,200	4,039	11,730	16,059	737,320	0
	(ii)	0	0	0	0	0	0	0
RICHARD SEEGER PHYSICIAN, VASCULAR NORTH IOWA	(i)	645,787	0	34,025	12,375	19,833	712,020	0
	(ii)	0	0	0	0	0	0	0
PAUL NEUMANN FORMER OFFCR; TH CHIEF LEGAL THR 8/18	(i)	0	0	0	0	0	0	0
	(ii)	497,581	321,119	410,577	518,865	37,979	1,786,121	0
BENJAMIN CARTER FORMER OFFICER; TRINITY HEALTH CFO	(i)	0	0	0	0	0	0	0
	(ii)	957,849	442,453	265,229	12,375	54,836	1,732,742	0
RICHARD GILFILLAN MD FORMER OFFICER; TRINITY HEALTH CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,429,249	909,391	485,144	12,375	115,599	2,951,758	0
TERESA MOCK MD FORMER KE; SVP CCO AND CPHO N. IOWA	(i)	0	0	0	0	0	0	0
	(ii)	322,383	37,721	6,957	16,500	28,961	412,522	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY GUETZKO FORMER KE;VP BUS DEVELOPMENT DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	218,272	24,677	5,001	18,614	25,471	292,035	0
BRIAN MONSMA FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	13,680	0	180,609	1,381	14,041	209,711	154,000
TRACY LARSON FORMER KE; CNO MERCYONE SIOUXLAND	(i)	0	0	0	0	0	0	0
	(ii)	199,403	10,236	989	12,581	25,489	248,698	0
KIMBERLY CHAMBERLIN FORMER KE; CNO MERCYONE NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	189,488	22,372	3,472	9,771	18,179	243,282	0
SUE MEADE FORMER KE; VP PROF SVCS DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	153,263	18,101	1,635	10,871	25,954	209,824	0
JAMES FITZPATRICK FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	576,399	0	407	576,806	484,557
DANIEL VARNUM FORMER KE;CHIEF INTEG OFFCR MERCYONE	(i)	0	0	0	0	0	0	0
	(ii)	251,971	0	120,828	15,266	25,745	413,810	0
AGNES HAGERTY FORMER OFFICER;TRINITY ASSOC COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	43,478	0	99,370	1,304	0	144,152	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AVERY OUTDOOR	MILTON AVERY, BOARD OFFICER, IS AN OWNER OF AVERY OUTDOOR	151,311	PAYMENTS MADE FOR SIGNS AND BILLBOARDS		No
(2) WENDY OLSON	FAMILY MEMBER OF TRACY LARSON, FORMER KEY EMPLOYEE	71,858	EMPLOYMENT ARRANGEMENT		No
(3) SUSAN LARSON	FAMILY MEMBER OF TRACY LARSON, FORMER KEY EMPLOYEE	42,156	EMPLOYMENT ARRANGEMENT		No
(4) TAYLOR AVERY	FAMILY MEMBER OF MILTON AVERY, BOARD OFFICER	19,139	EMPLOYMENT ARRANGEMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Name of the organization MERCY HEALTH SERVICES - IOWA CORP		<b>Employer identification number</b>  31-1373080

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MERCY HEALTH SERVICES - IOWA (MHS-IA) IS TRINITY HEALTH CORPORATION. SEE LINE 7 FOR ADDITIONAL INFORMATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF MHS-IA. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MHS-IA.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS AND MODIFICATIONS TO GOVERNING DOCUMENTS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 FOR MHS-IA IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS. EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MHS-IA HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF MHS-IA, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MHS-IA AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MHS-IA (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MHS-IA OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF MHS-IA (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MHS-IA. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MHS-IA IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND VICE PRESIDENT FINANCE COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE HOSPITAL CEO'S AND VICE PRESIDENTS FINANCE OF MHS-IA ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MHS-IA IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, MHS-IA INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE. MHS-IA'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 485,506. MANAGEMENT AND GENERAL EXPENSES 44,999. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 530,505. LAUNDRY AND LINEN SERVICES: PROGRAM SERVICE EXPENSES 554,042. MANAGEMENT AND GENERAL EXPENSES 51,351. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 605,393. BILLING SERVICES: PROGRAM SERVICE EXPENSES 10,506. MANAGEMENT AND GENERAL EXPENSES 974. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,480. MEDICAL SPECIALIST FEES: PROGRAM SERVICE EXPENSES 35,572,796. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 35,572,796. RECRUITING SERVICES: PROGRAM SERVICE EXPENSES 1,823,219. MANAGEMENT AND GENERAL EXPENSES 168,983. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,992,202. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 17,291,456. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 17,291,456. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 18,105,865. MANAGEMENT AND GENERAL EXPENSES 1,678,124. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 19,783,989. MISCELLANEOUS PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 15,175,488. MANAGEMENT AND GENERAL EXPENSES 1,406,525. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,582,013.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	NET EQUITY TRANSFERS TO AFFILIATES -5,151,138. OTHER TRANSACTIONS 625,739. EQUITY GAIN IN UNCONSOLIDATED AFFILIATES 4,359,751.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2:	MHS-IA'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY19 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES:	DUNES MEDICAL LABORATORIES, FOREST PARK PHARMACY, HEALTHWORKS, MARIAN HEALTH CENTER, MERCY FAMILY PHARMACY, MERCY HEALTH CENTER-DUBUQUE (ST. JOSEPH'S), MERCY HEALTH CENTER-DYERSVILLE (ST. MARY'S),MERCY HEART CENTER & VASCULAR INSTITUTE, MERCY HOME CARE-NORTH IOWA, MERCY HOME HEALTHCARE DUBUQUE, MERCY MEDICAL CENTER-DUBUQUE, MERCY MEDICAL CENTER-DYERSVILLE, MERCY MEDICAL CENTER-NEW HAMPTON, MERCY MEDICAL CENTER-NORTH IOWA, MERCY MEDICAL CENTER-SIOUX CITY, MERCY VASULAR MEDICINE CLINIC, MHC ANESTHESIA SERVICES, NORTH IOWA MERCY CLINICS, NORTH IOWA MERCY HEALTH CENTER, NORTH IOWA MERCY HOME HEALTHCARE, NORTH IOWA TEXTILE SERVICES, SHEFFIELD PHARMACY, SIOUXLAND PATHOLOGY GROUP-SMHC, SIOUXLAND RADIOLOGY-SMHC, ST. JOSEPH COMMUNITY HOSPITAL, MERCY SOFT GOODS, MERCYONE DUBUQUE MEDICAL CENTER, MERCYONE DYERSVILLE MEDICAL CENTER, MERCYONE NEW HAMPTON MEDICAL CENTER, MERCYONE NORTH IOWA CLINICS, MERCYONE NORTH IOWA MEDICAL CENTER, MERCYONE SIOUXLAND MEDICAL CENTER

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

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
(1) MHN ACO LLC 1111 SIXTH AVENUE DES MOINES, IA 50314 42-1521367	ACCOUNTABLE CARE ORGANIZATION	IA	0	0	MERCY HEALTH SERVICES-IOWA CORP

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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



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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e Yes

1f

1g

1h

1i

1j

1k Yes

1l Yes

1m Yes

1n

1o

1p Yes

1q Yes

1r Yes

1s

No

No

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2018

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 31-1373080  
Name: MERCY HEALTH SERVICES - IOWA CORP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	HEALTH CARE SYSTEM SUPPORT	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		No
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-1422704	MEDICARE HMO	ID	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543	MEDICARE HMO	NY	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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						Yes	No
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	

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						Yes	No
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
775 S MAIN ST CHELSEA, MI 48118 82-4757260	MEDICAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	

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						Yes	No
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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









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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
(1) CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(2) CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
(3) DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(4) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(5) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(8) FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(11) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
(12) HACKLEY HEALTHCARE EQUIPMENT CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(13) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
(14) HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(1) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(2) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(3) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(4) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(5) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(6) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(7) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(8) MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
(9) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
(10) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(11) MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
(12) MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(13) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	MERCY HEALTH SERVICES-IOWA CORP	C	-7,121,297	16,275,458	100.000 %	Yes	
(14) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(1) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
(2) PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
(3) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(4) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(5) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(6) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
(7) SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(8) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
(9) SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(10) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
(11) ST ELIZABETH HEALTH SUPPORT SERVICES INC 23 CAMPION ROAD NEW HARTFORD, NY 13413 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(12) SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(13) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(14) TRI-HOSPITAL MRI CENTER 2800 DEQUINDRE WARREN, MI 48092 38-2884297	HEALTH CARE SERVICES	MI	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
(1) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
(2) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
(3) TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(4) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	MERCY MEDICAL CENTER - CLINTON INC	L	275,208	PER BOOKS
<b>(1)</b>	MERCY MEDICAL CENTER - CLINTON INC	Q	323,292	PER BOOKS
<b>(2)</b>	DUBUQUE MERCY HEALTH FOUNDATION	B	447,913	PER BOOKS
<b>(3)</b>	DUBUQUE MERCY HEALTH FOUNDATION	C	313,667	PER BOOKS
<b>(4)</b>	DYERSVILLE HEALTH FOUNDATION INC	B	154,541	PER BOOKS
<b>(5)</b>	DYERSVILLE HEALTH FOUNDATION INC	C	114,796	PER BOOKS
<b>(6)</b>	MASON CITY AMBULATORY SURGERY CENTER LLC	C	2,415,585	PER BOOKS
<b>(7)</b>	MASON CITY AMBULATORY SURGERY CENTER LLC	Q	341,562	PER BOOKS
<b>(8)</b>	MERCY HEART CTR OP SERVICES LLC	C	132,414	PER BOOKS
<b>(9)</b>	MERCY HEART CTR OP SERVICES LLC	Q	111,609	PER BOOKS
<b>(10)</b>	FOREST PARK IMAGING LLC	C	1,044,964	PER BOOKS
<b>(11)</b>	FOREST PARK IMAGING LLC	M	65,123	PER BOOKS
<b>(12)</b>	FOREST PARK IMAGING LLC	Q	784,637	PER BOOKS
<b>(13)</b>	HOSPICE OF NORTH IOWA	L	466,539	PER BOOKS
<b>(14)</b>	HOSPICE OF NORTH IOWA	Q	53,013	PER BOOKS
<b>(15)</b>	MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	C	51,855	PER BOOKS
<b>(16)</b>	MERCYUSP HEALTH VENTURES LLC	C	14,037,447	PER BOOKS
<b>(17)</b>	BAUM HARMON MERCY HOSPITAL	C	868,135	PER BOOKS
<b>(18)</b>	BAUM HARMON MERCY HOSPITAL	L	631,161	PER BOOKS
<b>(19)</b>	BAUM HARMON MERCY HOSPITAL	M	202,165	PER BOOKS
<b>(20)</b>	BAUM HARMON MERCY HOSPITAL	P	211,835	PER BOOKS
<b>(21)</b>	BAUM HARMON MERCY HOSPITAL	Q	347,939	PER BOOKS
<b>(22)</b>	OAKLAND MERCY HOSPITAL	C	1,795,820	PER BOOKS
<b>(23)</b>	OAKLAND MERCY HOSPITAL	L	631,890	PER BOOKS
<b>(24)</b>	OAKLAND MERCY HOSPITAL	M	250,725	PER BOOKS



Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	OAKLAND MERCY HOSPITAL	P	67,312	PER BOOKS
(1)	OAKLAND MERCY HOSPITAL	Q	247,514	PER BOOKS
(2)	MERCY MEDICAL SERVICES	A	24,159	PER BOOKS
(3)	MERCY MEDICAL SERVICES	B	7,749,819	PER BOOKS
(4)	MERCY MEDICAL SERVICES	L	3,523,770	PER BOOKS
(5)	MERCY MEDICAL SERVICES	M	2,322,569	PER BOOKS
(6)	MERCY MEDICAL SERVICES	P	237,743	PER BOOKS
(7)	MERCY MEDICAL SERVICES	Q	65,316	PER BOOKS
(8)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	A	3,512	PER BOOKS
(9)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	B	312,612	PER BOOKS
(10)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	C	547,513	PER BOOKS
(11)	MOUNT CARMEL HEALTH SYSTEM	M	76,375	PER BOOKS
(12)	TRINITY CONTINUING CARE SERVICES	M	295,747	PER BOOKS
(13)	TRINITY CONTINUING CARE SERVICES	P	127,892	PER BOOKS
(14)	TRINITY HOME HEALTH SERVICES	A	28,602	PER BOOKS
(15)	TRINITY HEALTH CORPORATION	B	18,235,765	PER BOOKS
(16)	TRINITY HEALTH CORPORATION	C	67,389	PER BOOKS
(17)	TRINITY HEALTH CORPORATION	M	68,044,877	PER BOOKS
(18)	TRINITY HEALTH CORPORATION	P	23,151,979	PER BOOKS
(19)	TRINITY HEALTH CORPORATION	Q	7,891,753	PER BOOKS
(20)	TRINITY HEALTH CORPORATION	R	9,603,046	PER BOOKS
(21)	TRINITY HEALTH CORPORATION	E	55,000,000	PER BOOKS
(22)	MERCY HEALTH NETWORK	P	4,951,167	PER BOOKS
(23)	MAGNETIC RESONANCE SERVICES PARTNERSHIP	C	904,199	PER TAX RETURN