

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

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 \$ 283,879,074	including grants of \$ 2,223,893)	(Revenue \$ 328,316,989)
See Additional Data				

4b	(Code)	(Expenses \$ 58,000	including grants of \$ 58,000)	(Revenue \$ 0)
See Additional Data				

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	283,937,074
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1,851	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,572	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
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 Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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.
 ▶ DAN CARPENTER SVPCFO 1776 WEST LAKES PARKWAY SUITE 400 WEST DES MOINES, IA 50266 (515) 241-3315

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 ☐

□

● 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)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	11,750,866	10,881,864	1,863,723

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 ▶ 224

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	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
5	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)	(B)	(C)
Name and business address	Description of services	Compensation
CHANGE HEALTHCARE 3055 LEBANON PIKE STE 1000 NASHVILLE, TN 37214	MANAGEMENT SERVICES	7,216,414
CROWE LLP 320 E JEFFERSON BLVD SOUTH BEND, IN 46624	CONSULTING SERVICES	3,336,740
DELOITTE CONSULTING LLP 4022 SELLS DR HERMITAGE, TN 37076	CONSULTING SERVICES	3,159,596
H&R ACCOUNTS INC 5320 22ND AVE MOLINE, IL 61265	COLLECTION SERVICES	2,947,849
PREMIER HEALTHCARE SOLUTIONS 13034 BALLANTYNE CORP PL CHARLOTTE, NC 28277	CONSULTING SERVICES	2,025,436

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 ► 156

Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,157,393				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	45,000				
	g	Noncash contributions included in lines 1a - 1f \$ _____						
	h	Total. Add lines 1a-1f ▶	2,202,393					
Program Service Revenue			Business Code					
	2a	MGMT & SUPPORT SVCS	561000	312,716,478	312,716,478			
	b	SUBS & JOINT VENTURES	900099	-1,643,700	-2,766,102	1,122,402		
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	9	Total. Add lines 2a-2f ▶	311,072,778					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	27,366,095			27,366,095	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	(i) Real		(ii) Personal				
		b Less rental expenses						
		c Rental income or (loss)						
	d		Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other				
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d		Net gain or (loss) ▶	12,204,974			12,204,974	
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b		Less direct expenses b					
	c		Net income or (loss) from fundraising events ▶					
	9a		Gross income from gaming activities See Part IV, line 19 a					
	b		Less direct expenses b					
	c		Net income or (loss) from gaming activities ▶					
	10a		Gross sales of inventory, less returns and allowances a					
b		Less cost of goods sold b						
c		Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
11a		SHARED SAVINGS REVENUE	900099	12,186,603	12,186,603			
b		MISCELLANEOUS REVENUE	900099	7,075,121	5,488,604	1,586,517		
c		DISCONTINUED OPERATIONS	900099	538,989	538,989			
d		All other revenue		-2,556,502	-2,556,502			
e		Total. Add lines 11a-11d ▶		17,244,211				
12		Total revenue. See Instructions ▶		370,090,451	325,608,070	2,708,919	39,571,069	

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,281,893	2,281,893		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	11,038,126		11,038,126	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	727,862		727,862	
7 Other salaries and wages.	101,991,145	101,991,145		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,582,175	3,582,175		
9 Other employee benefits.	16,120,931	16,120,931		
10 Payroll taxes.	7,495,976	7,495,976		
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,534,091	121,681	1,412,410	
c Accounting.	702,136	1,295	700,841	
d Lobbying.	564,704		564,704	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	76,498	43,689	32,809	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	109,677,855	84,153,528	25,524,327	
12 Advertising and promotion.	2,948,066		2,948,066	
13 Office expenses.	1,337,132	483,269	853,863	
14 Information technology.				
15 Royalties.				
16 Occupancy.	15,667,647	11,616,580	4,051,067	
17 Travel.	1,653,457	636,475	1,016,982	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	594,476	289,662	304,814	
20 Interest.	33,980,044	33,967,998	12,046	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	54,566,916	20,850,152	33,716,764	
23 Insurance.	167,158	184,507	-17,349	
24 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):				
a INCOME TAXES	51,390	51,060	330	
b MISCELLANEOUS EXPENSE	529,937	-16,598	546,535	
c SALES/USE TAXES	52,305	49,597	2,708	
d BAD DEBT EXPENSE	32,059	32,059		
e All other expenses	1,034		1,034	
25 Total functional expenses. Add lines 1 through 24e.	367,375,013	283,937,074	83,437,939	0
26 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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		93,545,318	1	49,346,467	
	2	Savings and temporary cash investments		6,535,920	2	4,349,836	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	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			6		
	7	Notes and loans receivable, net		943,040,596	7	924,181,509	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		25,245,015	9	28,843,771	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	558,498,915			
	b	Less: accumulated depreciation	10b	443,782,320	141,175,134	10c	114,716,595
	11	Investments—publicly traded securities		26,086,280	11	20,883,423	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		31,677,424	13	32,707,620	
	14	Intangible assets		34,500	14	34,500	
	15	Other assets. See Part IV, line 11		3,803,459	15	7,529,066	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,271,143,646	16	1,182,592,787		
Liabilities	17	Accounts payable and accrued expenses		111,084,322	17	96,839,890	
	18	Grants payable			18		
	19	Deferred revenue		9,074,372	19	8,420,266	
	20	Tax-exempt bond liabilities		1,019,962,724	20	990,276,758	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	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			22		
	23	Secured mortgages and notes payable to unrelated third parties		110,629,701	23	28,219,655	
	24	Unsecured notes and loans payable to unrelated third parties			24	2,897,925	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		91,927,451	25	113,597,816	
	26	Total liabilities. Add lines 17 through 25		1,342,678,570	26	1,240,252,310	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		-71,583,064	27	-57,707,663	
	28	Temporarily restricted net assets		48,140	28	48,140	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		-71,534,924	33	-57,659,523		
34	Total liabilities and net assets/fund balances		1,271,143,646	34	1,182,592,787		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	370,090,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,375,013
3	Revenue less expenses Subtract line 2 from line 1	3	2,715,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-71,534,924
5	Net unrealized gains (losses) on investments	5	12,190,488
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,030,525
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-57,659,523

Part XII Financial Statements and ReportingCheck 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

Form 990 (2018)

Form 990, Part III, Line 4a:

AFFILIATE SUPPORT SERVICESIHS ADMINISTRATION (CORP) IS ORGANIZED TO SUPPORT THE MISSIONS OF SEVERAL RELATED CHARITABLE, TAX-EXEMPT ORGANIZATIONS INCLUDING ELEVEN SENIOR AFFILIATES, IOWA HEALTH DES MOINES (DES MOINES), TRINITY REGIONAL HEALTH SYSTEM (ROCK ISLAND), ST LUKE'S HEALTHCARE (CEDAR RAPIDS), ALLEN HEALTH SYSTEMS (WATERLOO), TRINITY HEALTH SYSTEMS (FORT DODGE), ST LUKE'S HEALTH SYSTEM (SIOUX CITY), NORTHWEST IOWA HOSPITAL CORPORATION (SIOUX CITY), FINLEY TRI-STATES HEALTH GROUP (DUBUQUE), METHODIST HEALTH SERVICES CORPORATION (PEORIA), KEOKUK HEALTH SYSTEMS, INC (KEOKUK), MEMORIAL HOSPITAL ASSOCIATION (CARTHAGE), IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION (DBA UNITYPOINT CLINIC), UNITYPOINT AT HOME, AS WELL AS MULTIPLE RURAL AFFILIATES THE SUPPORT SERVICES PROVIDED TO THESE ORGANIZATIONS ARE TO CONSTRUCT, OWN, LEASE, MANAGE, OPERATE, PROVIDE AND MAINTAIN ANY FACILITIES, PROGRAMS, SERVICES (MANAGEMENT OR OTHERWISE) AND RELATED ACTIVITIES IN FURTHERANCE OF HEALTH-CARE OR HEALTH EDUCATION FACILITIES INCLUDE HOSPITALS, SELF-CARE FACILITIES, CLINICS, EDUCATIONAL FACILITIES, AND OTHER ESTABLISHMENTS CREATED TO CARRY THROUGH HEALTH-CARE AND EDUCATIONAL PROGRAMS THE PRIMARY PURPOSE OF THE CORPORATION IS TO ENGAGE IN AND CONDUCT CHARITABLE, EDUCATIONAL, RELIGIOUS AND SCIENTIFIC ACTIVITIES IN ACCORDANCE WITH PREVIOUSLY STATED PURPOSES

Form 990, Part III, Line 4b:

COMMUNITY BENEFIT IOWA HEALTH SYSTEM PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS, HEALTH PROFESSIONAL'S EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS IOWA HEALTH SYSTEM COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE IOWA HEALTH SYSTEM HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS TOTAL OTHER BENEFITS REPORTED VALUE \$58,000

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			
ANGELA ALDRICH MD BOARD MEMBER	1 00 1 00	X						13,874	0	0
BILL ARNOLD BOARD MEMBER	1 00 1 00	X						16,096	0	0
DAVE BOYER BOARD TREASURER	1 00 1 00	X		X				16,825	0	0
KYLE CHRISTIASON MD BOARD MEMBER	1 00 40 00	X						0	389,497	25,447
BRENDA CLANCY BOARD MEMBER	1 00 0 00	X						11,750	0	0
STANTON DANIELSON MD BOARD MEMBER	1 00 40 00	X						0	342,871	-20,589
RANDY EASTON BOARD CHAIR	1 00 1 00	X		X				18,263	0	0
VIRGINIA GRAVES BOARD MEMBER	1 00 1 00	X						13,250	0	0
SALLY GRAY BOARD SECRETARY	1 00 1 00	X		X				16,404	0	0
KENT HENNING BOARD MEMBER	1 00 1 00	X						11,530	0	0

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			
STEVE HERWIG DO BOARD MEMBER	1 00 1 00	X						12,750	110	0
FRANCIS KANE MD BOARD MEMBER	1 00 0 00	X						13,530	0	0
RICHARD MCCONNELL BOARD VICE CHAIR	1 00 1 00	X		X				16,250	0	0
CATHERINE RANHEIM MD BOARD MEMBER	1 00 40 00	X						0	343,955	16,359
MARK SCHWIEBERT BOARD MEMBER	1 00 1 00	X						15,175	0	0
JANET SICHTERMAN BOARD MEMBER	1 00 1 00	X						14,357	206	0
MIKE STONE BOARD MEMBER	1 00 1 00	X						26,443	0	0
JOHN TAETS BOARD MEMBER	1 00 1 00	X						14,750	0	0
DEVENDRA TRIVEDI MD BOARD MEMBER	1 00 1 00	X						13,327	0	0
MIKE WILLIAMS BOARD MEMBER	1 00 1 00	X						14,693	160	0

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			
DANIEL CARPENTER SVP/CFO	40 00 1 00			X				856,481	0	156,826
KEVIN VERMEER PRESIDENT/CEO	40 00 1 00			X				1,443,349	0	283,559
DAVID BRANDON PRESIDENT/CEO-DUB (TO 6/18)	1 00 40 00				X			0	911,938	23,300
TROY CARAWAY SVP INS DIV & CEO PPIC	40 00 1 00				X			856,240	0	26,194
ERIC CROWELL CEO-DSM (TO 6/18)	1 00 40 00				X			0	3,111,351	20,880
PAMELA DELAGARDELLE PRESIDENT/CEO-WAT	1 00 40 00				X			0	517,861	94,602
MIKE DEWERFF PRESCEO-FD TO 918 PRESIDENT/CEO-FD (TO 7/18)	1 00 40 00				X			0	463,639	86,765
DENNY DRAKE VP GENERAL COUNSEL/CORP CO	40 00 0 00				X			1,180,193	0	-335,645
SUSAN ERICKSON PRESIDENT/CEO-WI	1 00 40 00				X			0	612,372	100,702
MARK JOHNSON VP SUPPLY CHAIN MANAGEMENT	40 00 1 00				X			648,152	0	108,560

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			
ART NIZZA	40 00				X			975,404	0	149,110
EVP/COO	0 00				X			544,544	0	12,139
WILLIAM O'BRIEN	40 00				X			776,662	0	28,639
VP FINANCE INS DIV & CFO P	0 00				X			910,553	0	131,049
MARY OSBORN	40 00				X			0	657,663	-846
VP OF CARE TRANSFORMATION	0 00				X			474,953	0	35,446
EMILY PORTER	40 00				X			0	834,573	60,584
SVP TALENT & MARKETING COMM OFFICER	0 00				X			0	561,939	96,301
RICHARD SEIDLER	1 00				X			655,481	0	134,183
PRESIDENT/CEO-QC	40 00				X			0	704,933	198,887
ARIC SHARP	40 00				X					
VP/ACO	0 00				X					
DEBORAH SIMON	1 00				X					
PRESIDENT/CEO-PM	40 00				X					
DAVID STARK EVPCOO-DSM TO 618	1 00				X					
CEO-DSM (FR 7/18)	40 00				X					
SUSAN THOMPSON SVP INT OPT	40 00				X					
INTERIM PRES/CEO-FD (FR 9/18)	0 00				X					
THEODORE TOWNSEND PRESCEO-CR	1 00				X					
INTERIM PRES/CEO-DUB (FR 6/18)	40 00				X					

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			
DAVID WILLIAMS MD CEO IPCMF & UPH@HOME	1 00 40 00				X			0	691,230	102,140
LYNN WOLD PRESIDENT/CEO-SC	1 00 40 00				X			0	737,566	110,194
BRIAN JONES VP PAYOR INNOVATION	40 00 0 00					X		460,894	0	39,868
MATTHEW KIRSCHNER VP/TREASURY	40 00 0 00					X		437,711	0	35,159
WENDY MORTIMORE CHIEF MEDICAL INF OFFICER	40 00 0 00					X		419,908	0	25,817
SABRA ROSENER VP GOVERNMENT RELATIONS	40 00 0 00					X		442,837	0	85,149
LAURA SMITH VP CHIEF INFORMATION OFFICER	40 00 0 00					X		408,237	0	32,944

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

IOWA HEALTH SYSTEM

Employer identification number

42-1435199

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

13
- 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		
See Additional Data Table						
Total	13				31,687,192	0

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here** ► ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	Yes
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a 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>	3a	No
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 Part VI when and how the organization made the determination.</i>	3b	
c 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 Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a 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>	4a	No
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 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 Part VI.</i>	6	Yes
7 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>	7	No
8 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>	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
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 Part VI.</i>	9b	No
c 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 Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
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>	10b	

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		
11a		No
11b		No
11c		No

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		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

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)		
1		

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?		
1	Yes	
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)		
2	Yes	
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		
3	Yes	

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 checked="" 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.		
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		
2a		
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		
2b		
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.	Yes	
3a	Yes	
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	Yes	
3b	Yes	

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

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

Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION A, LINE 6	THE ORGANIZATION PROVIDES SUPPORT, IN THE FORM OF GRANTS, TO NONPROFIT ORGANIZATIONS WHICH ARE NOT LISTED IN THE ORGANIZATION'S GOVERNING DOCUMENTS AS A SUPPORTED ORGANIZATION. THE SE ORGANIZATIONS' ACTIVITIES ARE DIRECTLY RELATED TO THE FURTHERANCE OF THE EXEMPT PURPOSE OF UNITYPOINT HEALTH AND ITS SUPPORTED ORGANIZATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION D, LINE 3	THE BOARD OF DIRECTORS OF THE ORGANIZATION IS MADE UP OF DIRECTORS APPOINTED BY AND FROM EACH OF THE SUPPORTED ORGANIZATIONS' BOARD OF DIRECTORS THE STANDING COMMITTEES WHICH CONTROL ALL ACTIVITIES REGARDING THE INVESTMENT POLICIES AND DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE YEAR ARE THE SAME COMMON DIRECTORS APPOINTED BY THE SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3A	IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. THE BOARD SHALL CONSIST OF UP TO TWENTY-FIVE PERSONS, WITH EACH HOSPITAL HAVING THE POWER TO APPOINT BOARD OF DIRECTOR MEMBERS, INCLUDING UP TO SIX AT-LARGE MEMBERS AS DETERMINED BY THE BOARD OF DIRECTORS AND SUBJECT TO THE ARTICLES OF INCORPORATION. THE BOARD SHALL ELECT AND APPOINT A COMPETENT PRESIDENT WHO SHALL BE ITS DIRECT EXECUTIVE REPRESENTATIVE IN THE MANAGEMENT OF THE CORPORATION. THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, AND, SUBJECT TO THE DIRECTION AND UNDER THE SUPERVISION OF THE BOARD OF DIRECTORS, SHALL HAVE GENERAL CHARGE OF THE BUSINESS AFFAIRS AND PROPERTY OF THE CORPORATION.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3B	<p>IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. THE BOARD OF DIRECTORS OF IOWA HEALTH SYSTEM HAS FINAL AUTHORITY WITH RESPECT TO THE APPROVAL OF STRATEGIC PLANS, ADOPTION OF BUSINESS PLANS, INCURRENCE OF LONG-TERM INDEBTEDNESS, SELECTION (AFTER CONSULTATION WITH THE AFFECTED CORPORATION'S BOARD) OF ANY NEW OR REMOVAL OF ANY EXISTING CORPORATE OFFICER, PURSUANT TO THE AFFILIATION AGREEMENT, TRANSFER, SALE OR CLOSURE OF ANY FACILITY, DEPARTMENT OR FUNCTION AT THE CORPORATION, AMEND ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, MANAGED CARE STRATEGY AND EXECUTION OF MANAGED CARE CONTRACTS, AND PAYMENTS OR TRANSFER OF ASSETS BETWEEN CORPORATE AFFILIATES ANY OF THE ORGANIZATIONS WHOSE SOLE CORPORATE MEMBER RELATIONSHIP TO IOWA HEALTH SYSTEM IS SUBSTANTIALLY SIMILAR TO RELATIONSHIPS DESCRIBED IN THE AFFILIATION AGREEMENTS WITH IOWA HEALTH SYSTEM.</p>

Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
(A) ALLEN MEMORIAL HOSPITAL CORPORATION	420698265	3	Yes		2,295,475	0
(A) CENTRAL IOWA HOSPITAL CORPORATION	420680452	3	Yes		5,824,356	0
(B) IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	421411630	3	Yes		4,537,101	0
(C) MERITER HOSPITAL INC	390806367	3	Yes		4,206,901	0
(D) METHODIST MEDICAL CENTER OF ILLINOIS	370661223	3	Yes		1,543,915	0
(E) NORTHWEST IOWA HOSPITAL CORPORATION	421019872	3	Yes		2,122,763	0
(F) PROCTOR HOSPITAL	370681540	3	Yes		0	0
(G) ST LUKE'S METHODIST HOSPITAL	420504780	3	Yes		3,862,892	0
(H) THE FINLEY HOSPITAL	420680354	3	Yes		1,176,032	0
(I) TRINITY MEDICAL CENTER	362739299	3	Yes		4,778,211	0
(J) TRINITY REGIONAL MEDICAL CENTER	421009175	3	Yes		1,174,800	0
(K) UNITY HEALTHCARE	420680337	3	Yes		0	0
(L) UNITYPOINT AT HOME	421477471	3	Yes		164,746	0

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 IOWA HEALTH SYSTEM	Employer identification number 42-1435199
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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)

0

1b Total lobbying expenditures to influence a legislative body (direct lobbying)

564,704

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

564,704

1d Other exempt purpose expenditures

283,937,074

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

284,501,778

1f Lobbying nontaxable amount Enter the amount from the following table in both columns

1,000,000

1,000,000

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)

250,000

250,000

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

0

0

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

0

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)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	733,618	601,510	691,344	761,156	2,787,628
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f 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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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
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TY 2018 Affiliated Group Schedule

Name: IOWA HEALTH SYSTEM
EIN: 42-1435199

Affiliated Group Business Name:	IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266
EIN:	42-1435199
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	564,704
Total Lobbying Expenditures:	564,704
Other Exempt Purpose Expenditures:	283,372,370
Total Exempt Purpose Expenditures:	283,937,074
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ABBE CENTER FOR COMMUNITY MENTAL HEALTH INC
Address. Either US or Foreign Type:	740 N 15TH AVE NO A HIAWATHA, IA 52233
EIN:	42-1045257
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	10,790,501
Total Exempt Purpose Expenditures:	10,790,501
Lobbying Nontaxable Amount:	689,525
Grassroots Nontaxable Amount:	172,381
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ABBEHEALTH INC	
Address. Either US or Foreign Type:	740 N 15TH AVE NO A HIAWATHA, IA 52233	
EIN:	42-1373123	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:		63,925
Total Exempt Purpose Expenditures:		63,925
Lobbying Nontaxable Amount:		12,785
Grassroots Nontaxable Amount:		3,196
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0
Affiliated Group Business Name:	AGING SERVICES INC	
Address. Either US or Foreign Type:	740 N 15TH AVE NO A HIAWATHA, IA 52233	
EIN:	23-7085316	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:		2,622,774
Total Exempt Purpose Expenditures:		2,622,774
Lobbying Nontaxable Amount:		281,139
Grassroots Nontaxable Amount:		70,285
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	ALLEN COLLEGE		
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703		
EIN:	42-1351526		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		9,066,926	
Total Exempt Purpose Expenditures:		9,066,926	
Lobbying Nontaxable Amount:		603,346	
Grassroots Nontaxable Amount:		150,837	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	ALLEN HEALTH SYSTEMS INC		
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703		
EIN:	42-1201924		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,631,539	
Total Exempt Purpose Expenditures:		2,631,539	
Lobbying Nontaxable Amount:		281,577	
Grassroots Nontaxable Amount:		70,394	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	ALLEN MEMORIAL HOSPITAL CORPORATION		
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703		
EIN:	42-0698265		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		236,509,212	
Total Exempt Purpose Expenditures:		236,509,212	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	ANAMOSA AREA AMBULANCE SERVICE		
Address. Either US or Foreign Type:	101 GRANT WOOD DRIVE ANAMOSA, IA 52205		
EIN:	42-1466284		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		648,942	
Total Exempt Purpose Expenditures:		648,942	
Lobbying Nontaxable Amount:		122,341	
Grassroots Nontaxable Amount:		30,585	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	BLACK HAWK-GRUNDY MENTAL HEALTH CENTER INC		
Address. Either US or Foreign Type:	3251 WEST NINTH STREET WATERLOO, IA 50702		
EIN:	42-0733463		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,760,916	
Total Exempt Purpose Expenditures:		4,760,916	
Lobbying Nontaxable Amount:		388,046	
Grassroots Nontaxable Amount:		97,012	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name:	CENTER FOR ALCOHOL AND DRUG SERVICES INC		
Address. Either US or Foreign Type:	4869 FOREST GROVE DRIVE BETTENDORF, IA 52722		
EIN:	42-1134273		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,237,896	
Total Exempt Purpose Expenditures:		4,237,896	
Lobbying Nontaxable Amount:		361,895	
Grassroots Nontaxable Amount:		90,474	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	CENTRAL IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-1189791
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,824,758
Total Exempt Purpose Expenditures:	3,824,758
Lobbying Nontaxable Amount:	341,238
Grassroots Nontaxable Amount:	85,310
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	CENTRAL IOWA HOSPITAL CORPORATION
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-0680452
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	8,000
Total Lobbying Expenditures:	8,000
Other Exempt Purpose Expenditures:	733,868,022
Total Exempt Purpose Expenditures:	733,876,022
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CHATHAM OAKS		
Address. Either US or Foreign Type:	740 N 15TH AVE NO A HIAWATHA, IA 52233		
EIN:	42-1302928		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		3,679,617	
Total Exempt Purpose Expenditures:		3,679,617	
Lobbying Nontaxable Amount:		333,981	
Grassroots Nontaxable Amount:		83,495	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES		
Address. Either US or Foreign Type:	945 19TH STREET DES MOINES, IA 50314		
EIN:	42-0942273		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		11,935,368	
Total Exempt Purpose Expenditures:		11,935,368	
Lobbying Nontaxable Amount:		746,768	
Grassroots Nontaxable Amount:		186,692	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	EYERLY-BALL FOUNDATION INC		
Address. Either US or Foreign Type:	945 19TH STREET DES MOINES, IA 50314		
EIN:	35-2515479		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	FINLEY TRI-STATES HEALTH GROUP INC		
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
EIN:	42-1307495		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		474,084	
Total Exempt Purpose Expenditures:		474,084	
Lobbying Nontaxable Amount:		94,817	
Grassroots Nontaxable Amount:		23,704	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER	
Address. Either US or Foreign Type:	3820 HILLSIDE DRIVE CEDAR FALLS, IA 50613	
EIN:	42-1372380	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:		0
Total Exempt Purpose Expenditures:		0
Lobbying Nontaxable Amount:		0
Grassroots Nontaxable Amount:		0
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	GRINNELL REGIONAL MEDICAL CENTER	
Address. Either US or Foreign Type:	210 FOURTH AVENUE GRINNELL, IA 50112	
EIN:	42-0933383	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		10,518
Total Lobbying Expenditures:		10,518
Other Exempt Purpose Expenditures:		41,957,613
Total Exempt Purpose Expenditures:		41,968,131
Lobbying Nontaxable Amount:		1,000,000
Grassroots Nontaxable Amount:		250,000
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	GRINNELL REGIONAL MEDICAL CENTER AUXILIARY		
Address. Either US or Foreign Type:	210 FOURTH AVENUE GRINNELL, IA 50112		
EIN:	23-7075505		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:		0	
Total Direct Lobbying:		0	
Total Lobbying Expenditures:		0	
Other Exempt Purpose Expenditures:		33,096	
Total Exempt Purpose Expenditures:		33,096	
Lobbying Nontaxable Amount:		6,619	
Grassroots Nontaxable Amount:		1,655	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name:	GRINNELL REGIONAL MEDICAL CENTER FOUNDATION		
Address. Either US or Foreign Type:	210 FOURTH AVENUE GRINNELL, IA 50112		
EIN:	42-1454737		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:		0	
Total Direct Lobbying:		0	
Total Lobbying Expenditures:		0	
Other Exempt Purpose Expenditures:		143,000	
Total Exempt Purpose Expenditures:		143,000	
Lobbying Nontaxable Amount:		28,600	
Grassroots Nontaxable Amount:		7,150	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	HULT CENTER FOR HEALTHY LIVING INC		
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614		
EIN:	36-3510390		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		970,575	
Total Exempt Purpose Expenditures:		970,575	
Lobbying Nontaxable Amount:		170,586	
Grassroots Nontaxable Amount:		42,647	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	IOWA HEALTH FOUNDATION		
Address. Either US or Foreign Type:	1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309		
EIN:	42-1467682		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		10,650,580	
Total Exempt Purpose Expenditures:		10,650,580	
Lobbying Nontaxable Amount:		682,529	
Grassroots Nontaxable Amount:		170,632	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION		
Address. Either US or Foreign Type:	8101 BIRCHWOOD COURT JOHNSTON, IA 50131		
EIN:	42-1411630		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		448,076,905	
Total Exempt Purpose Expenditures:		448,076,905	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	KEOKUK AREA HOSPITAL		
Address. Either US or Foreign Type:	1600 MORGAN STREET KEOKUK, IA 52632		
EIN:	42-0710268		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		17,791,855	
Total Exempt Purpose Expenditures:		17,791,855	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	KEOKUK AREA HOSPITAL FOUNDATION	
Address. Either US or Foreign Type:	1600 MORGAN STREET KEOKUK, IA 52632	
EIN:	42-1202608	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:	35,000	
Total Exempt Purpose Expenditures:	35,000	
Lobbying Nontaxable Amount:	7,000	
Grassroots Nontaxable Amount:	1,750	
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0
Affiliated Group Business Name:	KEOKUK HEALTH SYSTEMS INC	
Address. Either US or Foreign Type:	1600 MORGAN STREET KEOKUK, IA 52632	
EIN:	42-1237361	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	MEMORIAL FOUNDATION OF ALLEN HOSPITAL		
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703		
EIN:	42-1201138		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,833,629	
Total Exempt Purpose Expenditures:		2,833,629	
Lobbying Nontaxable Amount:		291,681	
Grassroots Nontaxable Amount:		72,920	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	MERITER FOUNDATION INC		
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715		
EIN:	23-7098688		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		652,836	
Total Exempt Purpose Expenditures:		652,836	
Lobbying Nontaxable Amount:		122,925	
Grassroots Nontaxable Amount:		30,731	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	MERITER HEALTH SERVICES INC		
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715		
EIN:	39-1412318		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		786,261	
Total Exempt Purpose Expenditures:		786,261	
Lobbying Nontaxable Amount:		142,939	
Grassroots Nontaxable Amount:		35,735	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: MERITER HOSPITAL INC			
Address. Either US or Foreign Type: 202 SOUTH PARK STREET MADISON, WI 53715			
EIN: 39-0806367			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		361,508,298	
Total Exempt Purpose Expenditures:		361,508,298	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	MERITER MEDICAL GROUP INC		
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715		
EIN:	05-0545222		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	METHODIST HEALTH SERVICES CORPORATION		
Address. Either US or Foreign Type:	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
EIN:	37-1111135		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		653,170	
Total Exempt Purpose Expenditures:		653,170	
Lobbying Nontaxable Amount:		122,976	
Grassroots Nontaxable Amount:		30,744	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	METHODIST MEDICAL CENTER FOUNDATION		
Address. Either US or Foreign Type:	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
EIN:	51-0186460		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:	0		
Total Direct Lobbying:	0		
Total Lobbying Expenditures:	0		
Other Exempt Purpose Expenditures:	1,952,120		
Total Exempt Purpose Expenditures:	1,952,120		
Lobbying Nontaxable Amount:	247,606		
Grassroots Nontaxable Amount:	61,902		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		
Affiliated Group Business Name:	METHODIST MEDICAL CENTER OF ILLINOIS		
Address. Either US or Foreign Type:	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
EIN:	37-0661223		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:	0		
Total Direct Lobbying:	58,489		
Total Lobbying Expenditures:	58,489		
Other Exempt Purpose Expenditures:	366,810,804		
Total Exempt Purpose Expenditures:	366,869,293		
Lobbying Nontaxable Amount:	1,000,000		
Grassroots Nontaxable Amount:	250,000		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		

Affiliated Group Business Name:	METHODIST SERVICES INC		
Address. Either US or Foreign Type:	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
EIN:	37-1111134		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		12,427,320	
Total Exempt Purpose Expenditures:		12,427,320	
Lobbying Nontaxable Amount:		771,366	
Grassroots Nontaxable Amount:		192,842	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	NELLIE R SHERWOOD TRUST		
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
EIN:	42-6061621		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		9,716	
Total Exempt Purpose Expenditures:		9,716	
Lobbying Nontaxable Amount:		1,943	
Grassroots Nontaxable Amount:		486	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED		
Address. Either US or Foreign Type:	720 KENYON DRIVE FORT DODGE, IA 50501		
EIN:	42-0937390		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,611,103	
Total Exempt Purpose Expenditures:		4,611,103	
Lobbying Nontaxable Amount:		380,555	
Grassroots Nontaxable Amount:		95,139	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	NORTHWEST IOWA HOSPITAL CORPORATION		
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
EIN:	42-1019872		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		143,673,166	
Total Exempt Purpose Expenditures:		143,673,166	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	PARK COURT LIMITED		
Address. Either US or Foreign Type:	600 SOUTH 13TH STREET PEKIN, IL 61554		
EIN:	37-1178386		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,376,993	
Total Exempt Purpose Expenditures:		2,376,993	
Lobbying Nontaxable Amount:		268,850	
Grassroots Nontaxable Amount:		67,213	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: PEKIN MEMORIAL HOSPITAL			
Address. Either US or Foreign Type: 600 SOUTH 13TH STREET PEKIN, IL 61554			
EIN: 37-0692351			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:		25,098	
Total Lobbying Expenditures:		25,098	
Other Exempt Purpose Expenditures:		47,786,549	
Total Exempt Purpose Expenditures:		47,811,647	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	PENN CENTER INC	
Address. Either US or Foreign Type:	740 N 15TH AVE NO A HIAWATHA, IA 52233	
EIN:	42-1421803	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:	6,608,358	
Total Exempt Purpose Expenditures:	6,608,358	
Lobbying Nontaxable Amount:	480,418	
Grassroots Nontaxable Amount:	120,105	
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0
Affiliated Group Business Name:	PROCTOR HEALTH CARE INCORPORATED	
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614	
EIN:	37-1133412	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:		0
Total Exempt Purpose Expenditures:		0
Lobbying Nontaxable Amount:		0
Grassroots Nontaxable Amount:		0
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	PROCTOR HEALTH SYSTEMS		
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614		
EIN:	36-4147437		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		13,539,336	
Total Exempt Purpose Expenditures:		13,539,336	
Lobbying Nontaxable Amount:		826,967	
Grassroots Nontaxable Amount:		206,742	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: PROCTOR HOSPITAL			
Address. Either US or Foreign Type: 5409 N KNOXVILLE AVE PEORIA, IL 61614			
EIN: 37-0681540			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:		28,847	
Total Lobbying Expenditures:		28,847	
Other Exempt Purpose Expenditures:		88,130,941	
Total Exempt Purpose Expenditures:		88,159,788	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	PROGRESSIVE HEALTH SYSTEMS		
Address. Either US or Foreign Type:	600 SOUTH 13TH STREET PEKIN, IL 61554		
EIN:	37-1200263		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	SELF INSURANCE TRUST AGREEMENT EST BY METHODIST MEDICAL CENTER OF ILLINOIS		
Address. Either US or Foreign Type:	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
EIN:	37-6181831		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	SIOUXLAND PACE INC		
Address. Either US or Foreign Type:	313 COOK STREET SIOUX CITY, IA 51103		
EIN:	26-1120134		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		14,992,416	
Total Exempt Purpose Expenditures:		14,992,416	
Lobbying Nontaxable Amount:		899,621	
Grassroots Nontaxable Amount:		224,905	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	ST LUKE'S HEALTH RESOURCES		
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
EIN:	42-1059182		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,701,122	
Total Exempt Purpose Expenditures:		4,701,122	
Lobbying Nontaxable Amount:		385,056	
Grassroots Nontaxable Amount:		96,264	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	ST LUKE'S HEALTH SYSTEM INC		
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
EIN:	42-1294091		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		3,248,579	
Total Exempt Purpose Expenditures:		3,248,579	
Lobbying Nontaxable Amount:		312,429	
Grassroots Nontaxable Amount:		78,107	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	ST LUKE'S HEALTHCARE		
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
EIN:	42-1487968		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,023,187	
Total Exempt Purpose Expenditures:		2,023,187	
Lobbying Nontaxable Amount:		251,159	
Grassroots Nontaxable Amount:		62,790	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	ST LUKE'S METHODIST HOSPITAL		
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
EIN:	42-0504780		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		333,485,517	
Total Exempt Purpose Expenditures:		333,485,517	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	ST LUKE'SJONES REGIONAL MEDICAL CENTER		
Address. Either US or Foreign Type:	1795 HIGHWAY 64 EAST ANAMOSA, IA 52205		
EIN:	42-1487967		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		29,251,061	
Total Exempt Purpose Expenditures:		29,251,061	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	STL CARE COMPANY		
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
EIN:	42-1276632		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		10,957,071	
Total Exempt Purpose Expenditures:		10,957,071	
Lobbying Nontaxable Amount:		697,854	
Grassroots Nontaxable Amount:		174,464	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	THE DUBUQUE VISITING NURSE ASSOCIATION		
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
EIN:	42-0680410		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,506,929	
Total Exempt Purpose Expenditures:		2,506,929	
Lobbying Nontaxable Amount:		275,346	
Grassroots Nontaxable Amount:		68,837	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	THE FINLEY HOSPITAL		
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
EIN:	42-0680354		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		107,040,996	
Total Exempt Purpose Expenditures:		107,040,996	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH		
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201		
EIN:	36-3678909		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			65,500
Total Lobbying Expenditures:			65,500
Other Exempt Purpose Expenditures:		21,422,981	
Total Exempt Purpose Expenditures:		21,488,481	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	TRIMARK PHYSICIANS GROUP		
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501		
EIN:	45-3791448		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		118,065	
Total Exempt Purpose Expenditures:		118,065	
Lobbying Nontaxable Amount:		23,613	
Grassroots Nontaxable Amount:		5,903	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: TRINITY COLLEGE OF NURSING & HEALTH SCIENCES			
Address. Either US or Foreign Type: 2122 25TH AVE ROCK ISLAND, IL 61201			
EIN: 81-0994377			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,752,007	
Total Exempt Purpose Expenditures:		2,752,007	
Lobbying Nontaxable Amount:		287,600	
Grassroots Nontaxable Amount:		71,900	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	TRINITY HEALTH FOUNDATION		
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501		
EIN:	42-1222381		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		1,557,428	
Total Exempt Purpose Expenditures:		1,557,428	
Lobbying Nontaxable Amount:		227,871	
Grassroots Nontaxable Amount:		56,968	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	TRINITY HEALTH FOUNDATION		
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201		
EIN:	36-3321751		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		1,176,650	
Total Exempt Purpose Expenditures:		1,176,650	
Lobbying Nontaxable Amount:		192,665	
Grassroots Nontaxable Amount:		48,166	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	TRINITY HEALTH SYSTEMS INC		
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501		
EIN:	42-1222877		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		1,469,879	
Total Exempt Purpose Expenditures:		1,469,879	
Lobbying Nontaxable Amount:		221,988	
Grassroots Nontaxable Amount:		55,497	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	TRINITY MEDICAL CENTER		
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201		
EIN:	36-2739299		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		379,322,934	
Total Exempt Purpose Expenditures:		379,322,934	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	TRINITY REGIONAL HEALTH SYSTEM		
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201		
EIN:	36-3351952		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		2,243,832	
Total Exempt Purpose Expenditures:		2,243,832	
Lobbying Nontaxable Amount:		262,192	
Grassroots Nontaxable Amount:		65,548	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: TRINITY REGIONAL HOSPITAL AUXILIARY			
Address. Either US or Foreign Type: 802 KENYON ROAD FORT DODGE, IA 50501			
EIN: 42-6081474			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		20,254	
Total Exempt Purpose Expenditures:		20,254	
Lobbying Nontaxable Amount:		4,051	
Grassroots Nontaxable Amount:		1,013	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	TRINITY REGIONAL MEDICAL CENTER		
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501		
EIN:	42-1009175		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		110,921,528	
Total Exempt Purpose Expenditures:		110,921,528	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	TRI-STATE MEDICAL GROUP INC		
Address. Either US or Foreign Type:	1600 MORGAN STREET KEOKUK, IA 52632		
EIN:	42-1435525		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		29,177	
Total Exempt Purpose Expenditures:		29,177	
Lobbying Nontaxable Amount:		5,835	
Grassroots Nontaxable Amount:		1,459	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	UNITY HEALTHCARE		
Address. Either US or Foreign Type:	1518 MULBERRY AVENUE MUSCATINE, IA 52761		
EIN:	42-0680337		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		43,728,387	
Total Exempt Purpose Expenditures:		43,728,387	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	UNITY HEALTHCARE FOUNDATION		
Address. Either US or Foreign Type:	1518 MULBERRY AVENUE MUSCATINE, IA 52761		
EIN:	42-1525031		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		646,475	
Total Exempt Purpose Expenditures:		646,475	
Lobbying Nontaxable Amount:		121,971	
Grassroots Nontaxable Amount:		30,493	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	UNITYPOINT HEALTH - MARSHALLTOWN	
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703	
EIN:	81-5034179	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:	65,799,924	
Total Exempt Purpose Expenditures:	65,799,924	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0
Affiliated Group Business Name:	UNITYPOINT AT HOME	
Address. Either US or Foreign Type:	11333 AURORA AVENUE URBANDALE, IA 50322	
EIN:	42-1477471	
Electing Organization Checkbox:	<input type="checkbox"/>	
Total Grassroots Lobbying:		0
Total Direct Lobbying:		0
Total Lobbying Expenditures:		0
Other Exempt Purpose Expenditures:	154,079,997	
Total Exempt Purpose Expenditures:	154,079,997	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:		0
Tot Lobby Expend Mns Lobbying Non Tx:		0
Share Of Excess Lobbying:		0

Affiliated Group Business Name:	UNITYPOINT HEALTH AT WORK
Address. Either US or Foreign Type:	1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266
EIN:	81-0872241
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	6,388,764
Total Exempt Purpose Expenditures:	6,388,764
Lobbying Nontaxable Amount:	469,438
Grassroots Nontaxable Amount:	117,360
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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	48,139	48,139	48,139	47,692	73,276
b Contributions					
c Net investment earnings, gains, and losses				447	504
d Grants or scholarships					
e Other expenditures for facilities and programs					26,088
f Administrative expenses					
g End of year balance	48,139	48,139	48,139	48,139	47,692

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

0 %

c

Temporarily restricted endowment

100 000 %

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)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,156,674	856,106	300,568
c Leasehold improvements		5,552,845	5,552,845	0
d Equipment		543,633,617	437,373,369	106,260,248
e Other		8,155,779		8,155,779
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				114,716,595

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	201,840
SELF-INSURANCE RESERVE	1,741,630
SWAP LIABILITY	50,206,185
LONG-TERM RETENTION INCENTIVES	9,070,997
DUE TO AFFILIATES	52,377,164
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	113,597,816

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.

1	Total revenue, gains, and other support per audited financial statements	1	382,503,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,830,242
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,655,553
e	Add lines 2a through 2d	2e	12,485,795
3	Subtract line 2e from line 1	3	370,017,205
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,149
b	Other (Describe in Part XIII)	4b	39,097
c	Add lines 4a and 4b	4c	73,246
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	370,090,451

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.

1	Total expenses and losses per audited financial statements	1	365,144,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	365,144,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,149
b	Other (Describe in Part XIII)	4b	2,196,864
c	Add lines 4a and 4b	4c	2,231,013
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	367,375,013

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE) TAX-EXEMPT ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO SECTION 501(A) OF THE CODE THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U S FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2015 THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE CARRYFORWARD PERIOD DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES IN UNRESTRICTED FUND BALANCE 1,655,553

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 37,908 ROUNDING 1,189

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES IN UNRESTRICTED FUND BALANCE 2,157,393 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 37,908 ROUNDING 1,563

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization
IOWA HEALTH SYSTEM

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 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
42-1435199

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 7

3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	IOWA HEALTH SYSTEM REQUIRES EACH RECIPIENT OF THE GRANTS (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT AND OUTLINE A SERIES OF ELIGIBILITY STANDARDS THAT ARE REQUIRED TO BE MET IOWA HEALTH SYSTEM THEN REVIEWS THESE APPLICATIONS, AND BASED ON NEED AND ELIGIBILITY, A COMMITTEE MAKES THE FINAL DECISION ON ALL GRANT RECIPIENTS

Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

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
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	42-0680460	501(C)(3)	37,500				PROGRAM SUPPORT
IOWA HEALTHIEST STATE INITIATIVE PO BOX 678 CHARITON, IA 50049	45-4570642	501(C)(3)	65,000				PROGRAM 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
IOWA HOSPITAL EDUCATION & RESEARCH FOUNDATION 100 E GRAND AVE DES MOINES, IA 50309	42-0981889	501(C)(3)	5,500				PROGRAM SUPPORT
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD CT JOHNSTON, IA 50131	42-1411630	501(C)(3)	2,157,393				PROGRAM 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
JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVE DES MOINES, IA 50312	42-0759070	501(C)(3)	5,000				PROGRAM SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA INC 3024 104TH ST URBANDALE, IA 50322	42-1310530	501(C)(3)	10,000				PROGRAM 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
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52242	42-0796760	501(C)(3)	1,500				PROGRAM SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization IOWA HEALTH SYSTEM	Employer identification number 42-1435199
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification 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 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.	1b	Yes	
2 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?	2	Yes	
3 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 checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 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.	7		No
8 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.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For each individual whose compensation must be reported 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.

See Additional Data Table

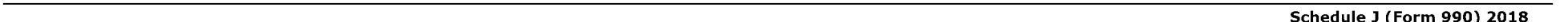
Schedule J (Form 990) 2018

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 1A	TRAVEL. CEO AND BOARD MEMBERS USE PRIVATE CHARTER FOR BUSINESS TRAVEL BETWEEN AFFILIATE CITIES AND FOR BOARD OF DIRECTOR MEETINGS. THIS TRAVEL IS FOR BUSINESS PURPOSES ONLY. NO FIRST CLASS COMMERCIAL TRAVEL IS REIMBURSED. TRAVEL FOR COMPANIONS. SPOUSES SOMETIMES ACCOMPANY BOARD MEMBERS AND/OR OFFICERS ON ORGANIZATIONAL ACTIVITIES, INCLUDING BOARD RETREATS. THE ADDITIONAL COST ATTRIBUTABLE TO THE SPOUSE IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBER OR OFFICER AND REPORTED AS APPROPRIATE TO THE IRS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. IF AN INDIVIDUAL IS PROVIDED SOMETHING FROM THE EMPLOYER OF VALUE, SUCH AS A PAID BENEFIT, GIFT CARD OR GIFT, WHICH IS CONSIDERED TAXABLE INCOME, THEN THE EMPLOYER WILL ADD IMPUTED AMOUNTS TO PAYCHECK IN ORDER TO TAX APPROPRIATELY.

Return Reference	Explanation
PART I, LINES 4A-B	<p>SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS DURING THE YEAR THAT WERE INCLUDED IN THEIR TAXABLE INCOME DAVID BRANDON \$192,166, TROY CARAWAY \$433,667, WILLIAM O'BRIEN \$350,116 NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED PLAN DAVID BRANDON \$539,640, TROY CARAWAY \$342,255, ERIC CROWELL \$2,576,058, DENNY DRAKE \$407,699, WENDY MORTIMORE \$11,162, WILLIAM O'BRIEN \$138,962, MARY OSBORN \$296,867, EMILY PORTER \$337,327, LYNN WOLD \$337,826 PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS NONQUALIFIED RETIREMENT PLAN EARNINGS THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS DANIEL CARPENTER \$121,974, KYLE CHRISTIASON, MD \$-13,605, STANTON DANIELSON, MD \$-44,623, PAMELA DELAGARDELLE \$57,944, MIKE DEWERFF \$64,368, DENNY DRAKE \$-375,029, SUE ERICKSON \$28,133, MARK JOHNSON \$73,312, ART NIZZA \$112,209, EMILY PORTER \$89,243, SABRA ROSENER \$45,870, RICHARD SEIDLER \$-19,728, DEBORAH SIMON \$106,400, DAVID STARK \$62,055, THEODORE TOWNSEND \$153,205, KEVIN VERMEER \$254,154, DAVID WILLIAMS, MD \$68,333, LYNN WOLD \$70,773</p>



Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

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				
KYLE CHRISTIASON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	346,167	41,505	1,825	145	25,302	414,944	0
STANTON DANIELSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	303,349	33,862	5,660	-30,873	10,284	322,282	0
CATHERINE RANHEIM MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	303,019	39,971	965	13,750	2,609	360,314	0
DANIEL CARPENTER SVP/CFO	(i)	641,195	109,824	105,462	135,724	21,102	1,013,307	0
	(ii)	0	0	0	0	0	0	0
KEVIN VERMEER PRESIDENT/CEO	(i)	1,193,343	195,623	54,383	260,207	23,352	1,726,908	0
	(ii)	0	0	0	0	0	0	0
DAVID BRANDON PRESIDENT/CEO-DUB (TO 6/18)	(i)	0	0	0	0	0	0	0
	(ii)	141,616	15,850	754,472	-1,705	25,005	935,238	539,640
TROY CARAWAY SVP INS DIV & CEO PPIC	(i)	3,788	74,953	777,499	2,555	23,639	882,434	342,255
	(ii)	0	0	0	0	0	0	0
ERIC CROWELL CEO-DSM (TO 6/18)	(i)	0	0	0	0	0	0	0
	(ii)	368,390	135,804	2,607,157	14,783	6,097	3,132,231	2,576,058
PAMELA DELAGARDELLE PRESIDENT/CEO-WAT	(i)	0	0	0	0	0	0	0
	(ii)	419,128	52,633	46,100	67,550	27,052	612,463	0
MIKE DEWERFF PRESCEO-FD TO 918 PRESIDENT/CEO-FD (TO 7/18)	(i)	0	0	0	0	0	0	0
	(ii)	358,799	58,982	45,858	63,584	23,181	550,404	0
DENNY DRAKE VP GENERAL COUNSEL/CORP CO	(i)	613,348	97,690	469,155	-362,408	26,763	844,548	407,699
	(ii)	0	0	0	0	0	0	0
SUSAN ERICKSON PRESIDENT/CEO-WI	(i)	0	0	0	0	0	0	0
	(ii)	447,307	92,330	72,735	79,445	21,257	713,074	0
MARK JOHNSON VP SUPPLY CHAIN MANAGEMENT	(i)	485,199	124,756	38,197	85,943	22,617	756,712	0
	(ii)	0	0	0	0	0	0	0
ART NIZZA EVP/COO	(i)	755,265	114,647	105,492	124,659	24,451	1,124,514	0
	(ii)	0	0	0	0	0	0	0
WILLIAM O'BRIEN VP FINANCE INS DIV & CFO P	(i)	6,359	57,473	480,712	-8,859	20,998	556,683	138,962
	(ii)	0	0	0	0	0	0	0
MARY OSBORN VP OF CARE TRANSFORMATION	(i)	379,716	51,237	345,709	12,385	16,254	805,301	296,867
	(ii)	0	0	0	0	0	0	0
EMILY PORTER SVP TALENT & MARKETING COMM OFFICER	(i)	449,529	77,821	383,203	102,120	28,929	1,041,602	337,327
	(ii)	0	0	0	0	0	0	0
RICHARD SEIDLER PRESIDENT/CEO-QC	(i)	0	0	0	0	0	0	0
	(ii)	554,018	43,632	60,013	-17,104	16,258	656,817	0
ARIC SHARP VP/ACO	(i)	380,250	61,255	33,448	12,094	23,352	510,399	0
	(ii)	0	0	0	0	0	0	0
DEBORAH SIMON PRESIDENT/CEO-PM	(i)	0	0	0	0	0	0	0
	(ii)	574,808	89,920	169,845	44,565	16,019	895,157	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				
DAVID STARK EVPCOO-DSM TO 618 CEO-DSM (FR 7/18)	(i)	0	0	0	0	0	0	0
	(ii)	476,575	34,742	50,622	73,921	22,380	658,240	0
SUSAN THOMPSON SVP INT OPT INTERIM PRES/CEO-FD (FR 9/18)	(i)	518,736	69,641	67,104	125,970	8,213	789,664	0
	(ii)	0	0	0	0	0	0	0
THEODORE TOWNSEND PRESCEO-CR INTERIM PRES/CEO-DUB (FR 6/18)	(i)	0	0	0	0	0	0	0
	(ii)	580,606	57,773	66,554	172,174	26,713	903,820	0
DAVID WILLIAMS MD CEO IPCMF & UPH@HOME	(i)	0	0	0	0	0	0	0
	(ii)	557,832	69,360	64,038	79,011	23,129	793,370	0
LYNN WOLD PRESIDENT/CEO-SC	(i)	0	0	0	0	0	0	0
	(ii)	323,142	28,662	385,762	83,434	26,760	847,760	337,826
BRIAN JONES VP PAYOR INNOVATION	(i)	360,166	66,383	34,345	13,194	26,674	500,762	0
	(ii)	0	0	0	0	0	0	0
MATTHEW KIRSCHNER VP/TREASURY	(i)	327,406	76,758	33,547	11,151	24,008	472,870	0
	(ii)	0	0	0	0	0	0	0
WENDY MORTIMORE CHIEF MEDICAL INF OFFICER	(i)	348,547	46,551	24,810	2,550	23,267	445,725	11,162
	(ii)	0	0	0	0	0	0	0
SABRA ROSENER VP GOVERNMENT RELATIONS	(i)	355,765	49,462	37,610	53,638	31,511	527,986	0
	(ii)	0	0	0	0	0	0	0
LAURA SMITH VP CHIEF INFORMATION OFFICER	(i)	334,280	44,339	29,618	13,750	19,194	441,181	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
42-1435199

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IOWA FINANCE AUTHORITY	52-1699886	462466ER0	09-19-2013	101,172,373	SEE PART VI		X		X		X
B IOWA FINANCE AUTHORITY	52-1699886	462466ET6	10-03-2013	79,120,000	SEE PART VI		X		X		X
C IOWA FINANCE AUTHORITY	52-1699886	97670FBE0	05-21-2014	259,106,530	SEE PART VI	X			X		X
D WISC HEALTH & EDUCATIONAL FACILITIES	39-1337855		08-09-2012	45,200,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			4,995,000		19,265,000		35,900,000	
2	Amount of bonds legally defeased					85,000,000			
3	Total proceeds of issue	101,172,373		79,120,000		243,525,000		45,200,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			28,620,000		71,310,750			
7	Issuance costs from proceeds	1,172,373		500,000		2,593,598			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	100,000,000				185,202,212			
11	Other spent proceeds			50,000,000				45,200,000	
12	Other unspent proceeds								
13	Year of substantial completion	2014		2014		2015		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X			X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		X		X

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b Name of provider							PIPER JAFFREY	
c Term of hedge							990 0000000000 %	
d Was the hedge superintegrated?								X
e Was the hedge terminated?								X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, LINE A(C)&(F) - CUSIP NUMBERS AND BOND ISSUES	CUSIP NUMBERS - 97670FBE0, 97712DEA0, 97712DEB8, 462466EW9 (I) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN CEDAR RAPIDS, DUBUQUE, MUSCATINE, SIOUX CITY, AND WATERLOO, IOWA

Return Reference	Explanation
PART I, LINE B(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009A-E ISSUED ON 3/4/09, (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009F ISSUED ON 8/6/09

Return Reference	Explanation
PART I, LINE C(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 3/4/09

Return Reference	Explanation
PART I, LINE D(F) - BOND ISSUES	(I) MERITER HOSPITAL REFUNDING OF BONDS ISSUED 5/21/2008 BY WISC HEALTH & EDUCATIONAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH

Return Reference	Explanation
PART I, LINE E(F) - BOND ISSUES	(I) MERITER HOSPITAL ISSUANCE THROUGH WISC HEALTH & EDUCATIONAL FACILITIES TO CONSTRUCT AND EQUIP HOSPITAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH

Return Reference	Explanation
PART I, LINE F(F) - BOND ISSUES	(I) REFUND A PORTION OF THE ILLINOIS FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (PROCTOR HOSPITAL), SERIES 2006A ISSUED ON 5/11/2006, (II) CONSTRUCT AND EQUIP PARTS OF PEORIA AFFILIATE FACILITIES

Return Reference	Explanation
PART I, LINE G(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2008A ISSUED ON 8/6/2009, (II) CONSTRUCT AND EQUIP PARTS OF WATERLOO AND DUBUQUE AFFILIATE FACILITIES

Return Reference	Explanation
PART I, LINE H(F) - BOND ISSUES	(I) RETIRE EXISTING TAXABLE DEBT, PAY COSTS FOR RENOVATIONS AND EXPANSION CAPITAL PROJECTS IN PEKIN, ILLINOIS AND PAY COST OF ISSUANCE OF BONDS

Return Reference	Explanation
PART I, LINE I(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2016A ISSUED ON 01/04/2016

Return Reference	Explanation
PART I, LINE J(F) - BOND ISSUES	(I) REFINCE A PORTION AND DEFEASE A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 07/27/2005, (II) CONSTRUCT, EQUIP AND IMPROVE HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN MARSHALLTOWN, IOWA

Return Reference	Explanation
PART I, LINE K(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 20016A ISSUED ON 01/04/2016

Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

Return Reference	Explanation
PART I, LINE A(C)&(F) - CUSIP NUMBERS AND BOND ISSUES	CUSIP NUMBERS - 97670FBE0, 97712DEA0, 97712DEB8, 462466EW9 (I) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN CEDAR RAPIDS, DUBUQUE, MUSCATINE, SIOUX CITY, AND WATERLOO, IOWA
PART I, LINE B(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009A-E ISSUED ON 3/4/09, (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009F ISSUED ON 8/6/09
PART I, LINE C(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 3/4/09
PART I, LINE D(F) - BOND ISSUES	(I) MERITER HOSPITAL REFUNDING OF BONDS ISSUED 5/21/2008 BY WISC HEALTH & EDUCATIONAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH
PART I, LINE E(F) - BOND ISSUES	(I) MERITER HOSPITAL ISSUANCE THROUGH WISC HEALTH & EDUCATIONAL FACILITIES TO CONSTRUCT AND EQUIP HOSPITAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH
PART I, LINE F(F) - BOND ISSUES	(I) REFUND A PORTION OF THE ILLINOIS FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (PROCTOR HOSPITAL), SERIES 2006A ISSUED ON 5/11/2006, (II) CONSTRUCT AND EQUIP PARTS OF PEORIA AFFILIATE FACILITIES
PART I, LINE G(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2008A ISSUED ON 8/6/2009, (II) CONSTRUCT AND EQUIP PARTS OF WATERLOO AND DUBUQUE AFFILIATE FACILITIES
PART I, LINE H(F) - BOND ISSUES	(I) RETIRE EXISTING TAXABLE DEBT, PAY COSTS FOR RENOVATIONS AND EXPANSION CAPITAL PROJECTS IN PEKIN, ILLINOIS AND PAY COST OF ISSUANCE OF BONDS
PART I, LINE I(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2016A ISSUED ON 01/04/2016
PART I, LINE J(F) - BOND ISSUES	(I) REFINCE A PORTION AND DEFEASE A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 07/27/2005, (II) CONSTRUCT, EQUIP AND IMPROVE HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN MARSHALLTOWN, IOWA
PART I, LINE K(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 20016A ISSUED ON 01/04/2016

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to 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
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISC HEALTH & EDUCATIONAL FACILITIES	39-1337855		08-09-2012	20,000,000	SEE PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967		06-07-2016	50,290,705	SEE PART VI		X		X		X
C IOWA FINANCE AUTHORITY	52-1699886	462466FZ1	06-07-2016	197,934,258	SEE PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967		10-20-2017	19,500,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,763,683		3,515,000		11,640,000		329,766	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,023,683		50,290,705		197,934,258		19,500,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			21,248,161		160,264,194			
7	Issuance costs from proceeds			542,544		1,670,064		182,750	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	20,023,683		28,500,000		36,000,000		19,317,250	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2014		2016		2017		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			X

Part III Private Business Use (Continued)									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X				X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 150 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 150 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I	Bond Issues											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	46246K4Q2	03-20-2018	82,330,000	SEE PART VI		X		X		X
B	IOWA FINANCE AUTHORITY	52-1699886	46246K5C2	11-20-2018	79,730,031	SEE PART VI		X		X		X
C	IOWA FINANCE AUTHORITY	52-1699886	46246K5D0	11-20-2018	229,660,000	SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	82,330,000		79,730,031		229,660,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	82,330,000		57,229,162		228,175,000			
7	Issuance costs from proceeds			713,301		1,485,000			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			21,787,568					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2018		2018		2018			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		X		

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 700 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 700 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	JPMORGAN CHASE BANK NA							
c	Term of hedge	1700 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to 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
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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) ASHLEY THOMPSON	FAMILY MEMBER OF KEY EMPLOYEE SUSAN THOMPSON	134,084	EMPLOYMENT		No
(2) CHAD BAEDKE	FAMILY MEMBER OF KEY EMPLOYEE SUSAN THOMPSON	115,669	EMPLOYMENT		No
(3) KENT LEHR	FAMILY MEMBER OF KEY EMPLOYEE EMILY PORTER	387,931	EMPLOYMENT		No
(4) MICHAEL CLANCY	FAMILY MEMBER OF BOARD MEMBER BRENDA CLANCY	30,972	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
IOWA HEALTH SYSTEM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

42-1435199

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HOSPITAL HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HOSPITAL HAS THE POWER TO APPOINT BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS. THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN:</p> <ol style="list-style-type: none"> 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMPLY WITH THE POLICY, 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. <p>SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION. THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES. ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION,</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH EXECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE. BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE CEO FORUM GROUP AND SVP POSITIONS FOR THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958. THE REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2018 FOR THE FOLLOWING INDIVIDUALS: DAN CARPENTER, PAM DELAGARDELLE, DENNY DRAKE, SUE ERICKSON, ART NIZZA, EMILY PORTER, SABRA ROSENER, RICK SEIDLER, DEBBIE SIMON, DAVID STARK, SUE THOMPSON, TED TOWNSEND, JR., KEVIN VERMEER, DAVID WILLIAMS, M.D., LYNN WOLD. THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	COLLECTION FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 5,010,444 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,010,444 CONSULTING FEES PROGRAM SERVICE EXPENSES 10,904 MANAGEMENT AND GENERAL EXPENSES 9,437,790 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,448,694 EQUIPMENT REPAIRS PROGRAM SERVICE EXPENSES 49,979 MANAGEMENT AND GENERAL EXPENSES 7,119 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 57,098 MISC PURCHASED SERVICES PROGRAM SERVICE EXPENSES 15,207,270 MANAGEMENT AND GENERAL EXPENSES 2,735,244 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,942,514 PRINTING SERVICES PROGRAM SERVICE EXPENSES 25,655 MANAGEMENT AND GENERAL EXPENSES 104,256 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 129,911 SERVICE MAINTENANCE CONTRACTS PROGRAM SERVICE EXPENSES 63,377,324 MANAGEMENT AND GENERAL EXPENSES 3,018,893 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 66,396,217 SOFTWARE & SOFTWARE MAINTENANCE PROGRAM SERVICE EXPENSES 5,482,396 MANAGEMENT AND GENERAL EXPENSES 5,232,739 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,715,135 TRANSCRIPTION SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES -22,158 FUNDRAISING EXPENSES 0 TOTAL EXPENSES -22,158

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUND BALANCE TRANSFERS -1,030,525

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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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) BHC LC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-3820391	INFORMATION TECHNOLOGY MGMT	IA	0	1,000	IOWA HEALTH SYSTEM
(2) IOWA HEALTH ACCOUNTABLE CARE LC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 45-4550692	ACCOUNTABLE CARE	IA	19,009,568	22,851,492	IOWA HEALTH SYSTEM

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PARTS I - IV	IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH) IOWA HEALTH SYSTEM IS AN IOWA NONPROFIT CORPORATION FORMED IN DECEMBER 1994 IOWA HEALTH SYSTEM AND ITS SUBSIDIARIES PROVIDE INPATIENT AND OUTPATIENT CARE AND PHYSICIAN SERVICES FROM 36 HOSPITAL FACILITIES AND OVER 400 OUTPATIENT SITES IN IOWA, ILLINOIS AND WISCONSIN PRIMARY, SECONDARY AND TERTIARY CARE SERVICES ARE PROVIDED TO RESIDENTS OF IOWA, ILLINOIS, WISCONSIN AND ADJACENT STATES ON APRIL 16, 2013, IOWA HEALTH SYSTEM BEGAN BEING PUBLICLY KNOWN AS UNITYPOINT HEALTH (THE SYSTEM) THIS NAME CHANGE REFLECTS THE TRANSFORMATION OF CLINICAL PROCESSES UNDERWAY WITHIN THE SYSTEM AND THE ADAPTATION TO BETTER ADDRESS THE HEALTH CARE NEEDS OF COMMUNITIES, INCLUDING BUILDING A MODEL OF DELIVERING HEALTH CARE THAT COORDINATES CARE AROUND THE PATIENT WHILE FOCUSING ON IMPROVING THE QUALITY OF CARE AND REDUCING COSTS THE LEGAL NAME OF THE PARENT REMAINS IOWA HEALTH SYSTEM, WITH THE UNITYPOINT HEALTH NAME REFLECTING A DOING BUSINESS AS (D/B/A)



Additional Data

Software ID:
Software Version:
EIN: 42-1435199
Name: IOWA HEALTH SYSTEM

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
740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1045257	MENTAL HEALTH CARE	IA	501(C)(3)	509(A)(2)	ABBEHEALTH INC	Yes	
740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1373123	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	ST LUKE'S HEALTHCARE	Yes	
740 N 15TH AVE NO A HIAWATHA, IA 52233 23-7085316	SENIOR SERVICES	IA	501(C)(3)	170(B)(1) (A)(VI)	ABBEHEALTH INC	Yes	
1825 LOGAN AVENUE WATERLOO, IA 50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS INC	Yes	
1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
1825 LOGAN AVENUE WATERLOO, IA 50703 42-0698265	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS INC	Yes	
101 GRANT WOOD DRIVE ANAMOSA, IA 52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C)(3)	509(A)(3), TYPE III	ST LUKE'SJONES REGIONAL MEDICAL CENTER	Yes	
3251 WEST NINTH STREET WATERLOO, IA 50702 42-0733463	MENTAL HEALTH CARE	IA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
4869 FOREST GROVE DRIVE BETTENDORF, IA 52722 42-1134273	SUBSTANCE ABUSE SERVICES	IA	501(C)(3)	170(B)(1) (A)(VI)	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	Yes	
1200 PLEASANT STREET DES MOINES, IA 50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM	Yes	
1200 PLEASANT STREET DES MOINES, IA 50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
1200 PLEASANT STREET DES MOINES, IA 50309 42-0680452	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM	Yes	
740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1302928	MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES	IA	501(C)(3)	509(A)(2)	ABBEHEALTH INC	Yes	
1415 WOODLAND AVE SUITE 130 DES MOINES, IA 50309 42-1412497	COORDINATION OF MEDICAL EDUCATION PROGRAMS	IA	501(C)(3)	509(A)(3), TYPE III			No
945 19TH STREET DES MOINES, IA 50314 42-0942273	MENTAL HEALTH CARE	IA	501(C)(3)	509(A)(2)	CENTRAL IOWA HEALTH SYSTEM	Yes	
945 19TH STREET DES MOINES, IA 50314 35-2515479	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1) (A)(VI)	EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES	Yes	
350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-1307495	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
3820 HILLSIDE DRIVE CEDAR FALLS, IA 50613 42-1372380	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
210 FOURTH AVENUE GRINNELL, IA 50112 42-0933383	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM	Yes	
210 FOURTH AVENUE GRINNELL, IA 50112 23-7075505	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER	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
210 FOURTH AVENUE GRINNELL, IA 50112 42-1454737	CHARITABLE FUNDRAISING	IA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER	Yes	
PO BOX 160 CARTHAGE, IL 62321 37-0902248	SENIOR SERVICES	IL	501(C)(3)	509(A)(2)	MEMORIAL HOSPITAL ASSOCIATION	Yes	
5409 N KNOXVILLE AVE PEORIA, IL 61614 36-3510390	HEALTH EDUCATION TO THE COMMUNITY	IL	501(C)(3)	170(B)(1) (A)(VI)	PROCTOR HOSPITAL	Yes	
1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309 42-1467682	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1) (A)(VI)	CENTRAL IOWA HEALTH SYSTEM	Yes	
8101 BIRCHWOOD COURT JOHNSTON, IA 50131 42-1411630	PRIMARY HEALTH CARE SERVICES	IA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes	
1600 MORGAN STREET KEOKUK, IA 52632 42-0710268	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	KEOKUK HEALTH SYSTEMS INC	Yes	
1600 MORGAN STREET KEOKUK, IA 52632 42-1202608	CHARITABLE FUNDRAISING	IA	501(C)(3)	509(A)(3) TYPE II	KEOKUK HEALTH SYSTEMS INC	Yes	
1600 MORGAN STREET KEOKUK, IA 52632 42-1237361	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201138	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
PO BOX 160 CARTHAGE, IL 62321 37-0684691	HOSPITAL	IL	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes	
202 SOUTH PARK STREET MADISON, WI 53715 23-7098688	CHARITABLE FUNDRAISING	WI	501(C)(3)	170(B)(1) (A)(VI)	MERITER HEALTH SERVICES INC	Yes	
202 SOUTH PARK STREET MADISON, WI 53715 39-1412318	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	WI	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
202 SOUTH PARK STREET MADISON, WI 53715 39-0806367	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	MERITER HEALTH SERVICES INC	Yes	
202 SOUTH PARK STREET MADISON, WI 53715 05-0545222	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	WI	501(C)(3)	509(A)(3), TYPE III	MERITER HOSPITAL INC	Yes	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-1111135	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 51-0186460	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(B)(1) (A)(VI)	METHODIST HEALTH SERVICES CORPORATION	Yes	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-0661223	HOSPITAL	IL	501(C)(3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION	Yes	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-1111134	OFFICE RENTAL	IL	501(C)(3)	509(A)(2)	METHODIST HEALTH SERVICES CORPORATION	Yes	
1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C)(3)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL	Yes	
720 KENYON DRIVE FORT DODGE, IA 50501 42-0937390	MENTAL HEALTH CARE	IA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	

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
2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1019872	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	ST LUKE'S HEALTH SYSTEM INC	Yes	
600 SOUTH 13TH STREET PEKIN, IL 61554 37-1178386	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	PROGRESSIVE HEALTH SYSTEMS	Yes	
600 SOUTH 13TH STREET PEKIN, IL 61554 37-0692351	HOSPITAL	IL	501(C)(3)	170(B)(1) (A)(III)	PROGRESSIVE HEALTH SYSTEMS	Yes	
740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1421803	RESIDENTIAL TREATMENT SERVICES FOR INDEPENDENT LIVING	IA	501(C)(3)	509(A)(2)	ABBEHEALTH INC	Yes	
5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1133412	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION	Yes	
5409 N KNOXVILLE AVE PEORIA, IL 61614 36-4147437	PRIMARY HEALTH CARE SERVICES	IL	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED	Yes	
5409 N KNOXVILLE AVE PEORIA, IL 61614 37-0681540	HOSPITAL	IL	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED	Yes	
600 SOUTH 13TH STREET PEKIN, IL 61554 37-1200263	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-6181831	FUND SELF-INSURANCE PLAN	IL	501(C)(3)	509(A)(3), TYPE I	METHODIST MEDICAL CENTER OF ILLINOIS	Yes	
1104 JOHN NOLEN DRIVE MADISON, WI 53713 39-1534744	MEDICAL TECHNOLOGY	WI	501(C)(3)	509(A)(3), TYPE I			No
313 COOK STREET SIOUX CITY, IA 51103 26-1120134	ALL-INCLUSIVE CARE FOR THE ELDERLY	IA	501(C)(3)	170(B)(1) (A)(III)	ST LUKE'S HEALTH SYSTEM INC	Yes	
2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1059182	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTH SYSTEM INC	Yes	
2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1294091	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1487968	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-0504780	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	ST LUKE'S HEALTHCARE	Yes	
1795 HIGHWAY 64 EAST ANAMOSA, IA 52205 42-1487967	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	ST LUKE'S HEALTHCARE	Yes	
1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTHCARE	Yes	
350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP INC	Yes	
350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	FINLEY TRI-STATES HEALTH GROUP INC	Yes	
2701 17TH STREET ROCK ISLAND, IL 61201 36-3678909	MENTAL HEALTH CARE	IL	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	Yes	

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
802 KENYON ROAD FORT DODGE, IA 50501 45-3791448	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
802 KENYON ROAD FORT DODGE, IA 50501 42-1376187	PROPERTY HOLDING COMPANY	IA	501(C)(2)		TRINITY HEALTH SYSTEMS INC	Yes	
2122 25TH AVE ROCK ISLAND, IL 61201 81-0994377	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IL	501(C)(3)	170(B)(1) (A)(II)	TRINITY MEDICAL CENTER	Yes	
802 KENYON ROAD FORT DODGE, IA 50501 42-1222381	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1) (A)(VI)	TRINITY HEALTH SYSTEMS INC	Yes	
2701 17TH STREET ROCK ISLAND, IL 61201 36-3321751	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
802 KENYON ROAD FORT DODGE, IA 50501 42-1222877	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
2701 17TH STREET ROCK ISLAND, IL 61201 36-2739299	HOSPITAL	IL	501(C)(3)	170(B)(1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
2701 17TH STREET ROCK ISLAND, IL 61201 36-3351952	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
802 KENYON ROAD FORT DODGE, IA 50501 42-6081474	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER	Yes	
802 KENYON ROAD FORT DODGE, IA 50501 42-1009175	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
1600 MORGAN STREET KEOKUK, IA 52632 42-1435525	PRIMARY HEALTH CARE SERVICES	IA	501(C)(3)	170(B)(1)(A)(III)	KEOKUK HEALTH SYSTEMS INC	Yes	
1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-1525031	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE I	UNITY HEALTHCARE	Yes	
1825 LOGAN AVENUE WATERLOO, IA 50703 81-5034179	HOSPITAL	IA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS INC	Yes	
11333 AURORA AVENUE URBANDALE, IA 50322 42-1477471	HOME HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM	Yes	
1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 81-0872241	EMPLOYER ONSITE MEDICAL SERVICES AND OCCUPATIONAL MEDICINE	IA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	Yes	
3034 FISH HATCHERY ROAD MADISON, WI 53713 30-0072647	OUTPATIENT KIDNEY DIALYSIS	WI	501(C)(3)	509(A)(3), TYPE III			No

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

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

(a) 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) ABBE MANAGEMENT CORPORATION 740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1361755	MANAGEMENT SERVICES	IA	N/A	C				Yes	
(1) BELCREST SERVICES LTD 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1196307	MEDICAL SERVICES	IL	N/A	C				Yes	
(2) BROADBAND INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-3819741	INFORMATION TECHNOLOGY MGMT	IA	IOWA HEALTH SYSTEM	C	6,092,131	11,401,133	100 000 %	Yes	
(3) DELHI POINT CONDO ASSOCIATION 350 N GRANDVIEW DUBUQUE, IA 52001 42-1467002	REAL ESTATE MANAGEMENT	IA	N/A	C				Yes	
(4) HCP CORPORATION 202 SOUTH PARK STREET MADISON, WI 53715 39-1177562	REAL ESTATE RENTAL	WI	N/A	C				Yes	
(5) HANCOCK AREA MEDICAL SUPPLY INC 1204 BUCHANAN ST CARTHAGE, IL 62321 37-1180373	RETAIL HOME HEALTH MEDICAL EQUIPMENT	IL	N/A	C				Yes	
(6) HANSEN CHARITABLE REMAINDER ANNUITY TRUST 210 FOURTH AVENUE GRINNELL, IA 50112 39-6770806	INVESTMENT	IA	N/A	T				Yes	
(7) HANSEN CHARITABLE REMAINDER UNITRUST 210 FOURTH AVENUE GRINNELL, IA 50112 39-6770807	INVESTMENT	IA	N/A	T				Yes	
(8) HEALTH ADVANTAGE PLUS INC 210 4TH AVENUE GRINNELL, IA 50112 42-1436490	PHYSICAL THERAPY	IA	N/A	C				Yes	
(9) HEALTH PLUS INC 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1295532	MANAGED CARE ADMINISTRATION	IL	N/A	C				Yes	
(10) HNC SERVICES 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-0987243	FIBER OPTIC NETWORK SERVICES	IA	IOWA HEALTH SYSTEM	C	2,126,071	1,141,481	100 000 %	Yes	
(11) HOME HEALTH PLUS SERVICES INC PO BOX 87 PEORIA, IL 61650 36-4053068	HOME HEALTH SERVICES	IL	N/A	C				Yes	
(12) KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY INC 420 NORTH 17TH STREET KEOKUK, IA 52632 42-1237312	RETAIL DURABLE MEDICAL EQUIPMENT	IA	N/A	C				Yes	
(13) MARIGOLD CITY LAND TRUST NO ONE 2956 COURT STREET PEKIN, IL 61554 27-2750273	PROPERTY MANAGEMENT	IL	N/A	T				Yes	
(14) MEDIMORE INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1414390	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C	1,093,243	15,268,087	100 000 %	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) MERITER HEALTH ENTERPRISES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1293620	MANAGEMENT SERVICES	WI	N/A	C				Yes	
(1) MERITER MANAGEMENT SERVICES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1458235	ADMINISTRATIVE SERVICES	WI	N/A	C				Yes	
(2) METHODIST HEALTH VENTURES INC PO BOX 87 PEORIA, IL 61650 37-1140939	PHARMACY/OFFICE STAFFING	IL	N/A	C				Yes	
(3) METHODIST PHYSICIAN SERVICES INC PO BOX 87 PEORIA, IL 61650 36-3858550	MEDICAL SERVICES	IL	N/A	C				Yes	
(4) OPTIMUM HEALTH SOLUTIONS INC 221 NORTHEAST GLEN OAK AVE PEORIA, IL 61636 20-5430137	HEALTH & WELLNESS CONSULTING	IA	N/A	C				Yes	
(5) PEKIN PROHEALTH INC 600 SOUTH 13TH STREET PEKIN, IL 61554 37-1117052	CLINIC	IL	N/A	C				Yes	
(6) PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 37-1288604	MANAGED MENTAL CARE	IA	N/A	C				Yes	
(7) PROVIDER RESOURCE MANAGEMENT INC PO BOX 87 PEORIA, IL 61650 37-1223550	RESOURCE MANAGEMENT	IL	N/A	C				Yes	
(8) STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA 52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	N/A	C				Yes	
(9) TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL 61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	N/A	C				Yes	
(10) TRINITY PHYSICIAN HOSPITAL ORGANIZATION LTD 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 36-3924720	MANAGED HEALTH CARE	IA	N/A	C				Yes	

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
(1)	ALLEN MEMORIAL HOSPITAL CORPORATION	A	3,870,803	BASED ON GAAP, CASH, AND/OR FMV
(1)	ALLEN MEMORIAL HOSPITAL CORPORATION	B	83,660	BASED ON GAAP, CASH, AND/OR FMV
(2)	ALLEN MEMORIAL HOSPITAL CORPORATION	C	83,660	BASED ON GAAP, CASH, AND/OR FMV
(3)	ALLEN MEMORIAL HOSPITAL CORPORATION	L	8,817,706	BASED ON GAAP, CASH, AND/OR FMV
(4)	ALLEN MEMORIAL HOSPITAL CORPORATION	N	5,628,399	BASED ON GAAP, CASH, AND/OR FMV
(5)	ALLEN MEMORIAL HOSPITAL CORPORATION	P	3,755,518	BASED ON GAAP, CASH, AND/OR FMV
(6)	ALLEN MEMORIAL HOSPITAL CORPORATION	Q	13,302,682	BASED ON GAAP, CASH, AND/OR FMV
(7)	ALLEN MEMORIAL HOSPITAL CORPORATION	R	744,842	BASED ON GAAP, CASH, AND/OR FMV
(8)	ALLEN MEMORIAL HOSPITAL CORPORATION	S	9,178,915	BASED ON GAAP, CASH, AND/OR FMV
(9)	BROADBAND INC	L	10,713,478	BASED ON GAAP, CASH, AND/OR FMV
(10)	CENTRAL IOWA HOSPITAL CORPORATION	A	5,963,619	BASED ON GAAP, CASH, AND/OR FMV
(11)	CENTRAL IOWA HOSPITAL CORPORATION	B	268,570	BASED ON GAAP, CASH, AND/OR FMV
(12)	CENTRAL IOWA HOSPITAL CORPORATION	C	268,570	BASED ON GAAP, CASH, AND/OR FMV
(13)	CENTRAL IOWA HOSPITAL CORPORATION	L	21,304,716	BASED ON GAAP, CASH, AND/OR FMV
(14)	CENTRAL IOWA HOSPITAL CORPORATION	N	5,974,333	BASED ON GAAP, CASH, AND/OR FMV
(15)	CENTRAL IOWA HOSPITAL CORPORATION	P	10,592,731	BASED ON GAAP, CASH, AND/OR FMV
(16)	CENTRAL IOWA HOSPITAL CORPORATION	Q	36,167,282	BASED ON GAAP, CASH, AND/OR FMV
(17)	CENTRAL IOWA HOSPITAL CORPORATION	R	2,305,219	BASED ON GAAP, CASH, AND/OR FMV
(18)	CENTRAL IOWA HOSPITAL CORPORATION	S	15,175,723	BASED ON GAAP, CASH, AND/OR FMV
(19)	IOWA HEALTH SYSTEM CONTRACTING SERVICES LC	M	2,650,335	BASED ON GAAP, CASH, AND/OR FMV
(20)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	L	14,811,609	BASED ON GAAP, CASH, AND/OR FMV
(21)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	N	3,431,953	BASED ON GAAP, CASH, AND/OR FMV
(22)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	P	5,734,267	BASED ON GAAP, CASH, AND/OR FMV
(23)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	Q	21,176,779	BASED ON GAAP, CASH, AND/OR FMV
(24)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	R	347,637	BASED ON GAAP, CASH, AND/OR FMV

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)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	S	1,063,634	BASED ON GAAP, CASH, AND/OR FMV
(1)	KEOKUK AREA HOSPITAL	A	349,331	BASED ON GAAP, CASH, AND/OR FMV
(2)	KEOKUK AREA HOSPITAL	D	5,000,000	BASED ON GAAP, CASH, AND/OR FMV
(3)	KEOKUK AREA HOSPITAL	L	312,080	BASED ON GAAP, CASH, AND/OR FMV
(4)	KEOKUK AREA HOSPITAL	N	1,501,039	BASED ON GAAP, CASH, AND/OR FMV
(5)	KEOKUK AREA HOSPITAL	Q	71,402	BASED ON GAAP, CASH, AND/OR FMV
(6)	KEOKUK AREA HOSPITAL	S	542,108	BASED ON GAAP, CASH, AND/OR FMV
(7)	MEDIMORE INC	B	1,030,525	BASED ON GAAP, CASH, AND/OR FMV
(8)	MEDIMORE INC	L	63,169	BASED ON GAAP, CASH, AND/OR FMV
(9)	MERITER HOSPITAL INC	A	8,096,121	BASED ON GAAP, CASH, AND/OR FMV
(10)	MERITER HOSPITAL INC	B	163,913	BASED ON GAAP, CASH, AND/OR FMV
(11)	MERITER HOSPITAL INC	C	163,913	BASED ON GAAP, CASH, AND/OR FMV
(12)	MERITER HOSPITAL INC	L	8,623,375	BASED ON GAAP, CASH, AND/OR FMV
(13)	MERITER HOSPITAL INC	N	2,838,693	BASED ON GAAP, CASH, AND/OR FMV
(14)	MERITER HOSPITAL INC	P	6,506,726	BASED ON GAAP, CASH, AND/OR FMV
(15)	MERITER HOSPITAL INC	Q	21,958,250	BASED ON GAAP, CASH, AND/OR FMV
(16)	MERITER HOSPITAL INC	R	1,015,383	BASED ON GAAP, CASH, AND/OR FMV
(17)	MERITER HOSPITAL INC	S	11,303,990	BASED ON GAAP, CASH, AND/OR FMV
(18)	METHODIST MEDICAL CENTER OF ILLINOIS	A	2,522,349	BASED ON GAAP, CASH, AND/OR FMV
(19)	METHODIST MEDICAL CENTER OF ILLINOIS	B	624,764	BASED ON GAAP, CASH, AND/OR FMV
(20)	METHODIST MEDICAL CENTER OF ILLINOIS	C	624,764	BASED ON GAAP, CASH, AND/OR FMV
(21)	METHODIST MEDICAL CENTER OF ILLINOIS	L	14,139,835	BASED ON GAAP, CASH, AND/OR FMV
(22)	METHODIST MEDICAL CENTER OF ILLINOIS	N	8,388,282	BASED ON GAAP, CASH, AND/OR FMV
(23)	METHODIST MEDICAL CENTER OF ILLINOIS	P	8,087,185	BASED ON GAAP, CASH, AND/OR FMV
(24)	METHODIST MEDICAL CENTER OF ILLINOIS	Q	27,847,220	BASED ON GAAP, CASH, AND/OR FMV

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
(51)	METHODIST MEDICAL CENTER OF ILLINOIS	R	362,011	BASED ON GAAP, CASH, AND/OR FMV
(1)	METHODIST MEDICAL CENTER OF ILLINOIS	S	5,564,055	BASED ON GAAP, CASH, AND/OR FMV
(2)	NORTHWEST IOWA HOSPITAL CORPORATION	A	2,382,321	BASED ON GAAP, CASH, AND/OR FMV
(3)	NORTHWEST IOWA HOSPITAL CORPORATION	B	408,171	BASED ON GAAP, CASH, AND/OR FMV
(4)	NORTHWEST IOWA HOSPITAL CORPORATION	C	408,171	BASED ON GAAP, CASH, AND/OR FMV
(5)	NORTHWEST IOWA HOSPITAL CORPORATION	L	4,882,350	BASED ON GAAP, CASH, AND/OR FMV
(6)	NORTHWEST IOWA HOSPITAL CORPORATION	N	1,103,682	BASED ON GAAP, CASH, AND/OR FMV
(7)	NORTHWEST IOWA HOSPITAL CORPORATION	P	2,615,109	BASED ON GAAP, CASH, AND/OR FMV
(8)	NORTHWEST IOWA HOSPITAL CORPORATION	Q	9,020,059	BASED ON GAAP, CASH, AND/OR FMV
(9)	NORTHWEST IOWA HOSPITAL CORPORATION	R	645,176	BASED ON GAAP, CASH, AND/OR FMV
(10)	NORTHWEST IOWA HOSPITAL CORPORATION	S	8,145,948	BASED ON GAAP, CASH, AND/OR FMV
(11)	PEKIN MEMORIAL HOSPITAL	A	993,900	BASED ON GAAP, CASH, AND/OR FMV
(12)	PEKIN MEMORIAL HOSPITAL	D	10,000,000	BASED ON GAAP, CASH, AND/OR FMV
(13)	PEKIN MEMORIAL HOSPITAL	S	1,137,499	BASED ON GAAP, CASH, AND/OR FMV
(14)	PROCTOR HOSPITAL	A	757,469	BASED ON GAAP, CASH, AND/OR FMV
(15)	PROCTOR HOSPITAL	S	1,795,000	BASED ON GAAP, CASH, AND/OR FMV
(16)	ST LUKE'S METHODIST HOSPITAL	A	4,111,482	BASED ON GAAP, CASH, AND/OR FMV
(17)	ST LUKE'S METHODIST HOSPITAL	B	80,825	BASED ON GAAP, CASH, AND/OR FMV
(18)	ST LUKE'S METHODIST HOSPITAL	C	80,825	BASED ON GAAP, CASH, AND/OR FMV
(19)	ST LUKE'S METHODIST HOSPITAL	L	11,989,943	BASED ON GAAP, CASH, AND/OR FMV
(20)	ST LUKE'S METHODIST HOSPITAL	N	2,225,207	BASED ON GAAP, CASH, AND/OR FMV
(21)	ST LUKE'S METHODIST HOSPITAL	P	5,508,399	BASED ON GAAP, CASH, AND/OR FMV
(22)	ST LUKE'S METHODIST HOSPITAL	Q	19,310,865	BASED ON GAAP, CASH, AND/OR FMV
(23)	ST LUKE'S METHODIST HOSPITAL	R	1,444,050	BASED ON GAAP, CASH, AND/OR FMV
(24)	ST LUKE'S METHODIST HOSPITAL	S	8,058,706	BASED ON GAAP, CASH, AND/OR FMV

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
(76)	THE FINLEY HOSPITAL	A	1,107,572	BASED ON GAAP, CASH, AND/OR FMV
(1)	THE FINLEY HOSPITAL	B	83,604	BASED ON GAAP, CASH, AND/OR FMV
(2)	THE FINLEY HOSPITAL	C	83,604	BASED ON GAAP, CASH, AND/OR FMV
(3)	THE FINLEY HOSPITAL	L	3,756,861	BASED ON GAAP, CASH, AND/OR FMV
(4)	THE FINLEY HOSPITAL	N	671,846	BASED ON GAAP, CASH, AND/OR FMV
(5)	THE FINLEY HOSPITAL	P	1,637,551	BASED ON GAAP, CASH, AND/OR FMV
(6)	THE FINLEY HOSPITAL	Q	5,756,671	BASED ON GAAP, CASH, AND/OR FMV
(7)	THE FINLEY HOSPITAL	R	466,720	BASED ON GAAP, CASH, AND/OR FMV
(8)	THE FINLEY HOSPITAL	S	2,342,048	BASED ON GAAP, CASH, AND/OR FMV
(9)	TRINITY MEDICAL CENTER	A	7,103,676	BASED ON GAAP, CASH, AND/OR FMV
(10)	TRINITY MEDICAL CENTER	B	326,355	BASED ON GAAP, CASH, AND/OR FMV
(11)	TRINITY MEDICAL CENTER	C	326,355	BASED ON GAAP, CASH, AND/OR FMV
(12)	TRINITY MEDICAL CENTER	L	13,234,247	BASED ON GAAP, CASH, AND/OR FMV
(13)	TRINITY MEDICAL CENTER	N	2,685,965	BASED ON GAAP, CASH, AND/OR FMV
(14)	TRINITY MEDICAL CENTER	P	6,588,286	BASED ON GAAP, CASH, AND/OR FMV
(15)	TRINITY MEDICAL CENTER	Q	22,679,596	BASED ON GAAP, CASH, AND/OR FMV
(16)	TRINITY MEDICAL CENTER	R	1,865,499	BASED ON GAAP, CASH, AND/OR FMV
(17)	TRINITY MEDICAL CENTER	S	12,932,295	BASED ON GAAP, CASH, AND/OR FMV
(18)	TRINITY REGIONAL MEDICAL CENTER	A	913,322	BASED ON GAAP, CASH, AND/OR FMV
(19)	TRINITY REGIONAL MEDICAL CENTER	B	117,531	BASED ON GAAP, CASH, AND/OR FMV
(20)	TRINITY REGIONAL MEDICAL CENTER	C	117,531	BASED ON GAAP, CASH, AND/OR FMV
(21)	TRINITY REGIONAL MEDICAL CENTER	D	3,100,000	BASED ON GAAP, CASH, AND/OR FMV
(22)	TRINITY REGIONAL MEDICAL CENTER	L	4,474,627	BASED ON GAAP, CASH, AND/OR FMV
(23)	TRINITY REGIONAL MEDICAL CENTER	N	895,871	BASED ON GAAP, CASH, AND/OR FMV
(24)	TRINITY REGIONAL MEDICAL CENTER	P	1,778,378	BASED ON GAAP, CASH, AND/OR FMV

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
(101) TRINITY REGIONAL MEDICAL CENTER	Q	6,391,160	BASED ON GAAP, CASH, AND/OR FMV
(1) TRINITY REGIONAL MEDICAL CENTER	R	501,178	BASED ON GAAP, CASH, AND/OR FMV
(2) TRINITY REGIONAL MEDICAL CENTER	S	2,846,164	BASED ON GAAP, CASH, AND/OR FMV
(3) UNITY HEALTHCARE	A	601,420	BASED ON GAAP, CASH, AND/OR FMV
(4) UNITY HEALTHCARE	S	966,828	BASED ON GAAP, CASH, AND/OR FMV
(5) UNITYPOINT AT HOME	L	3,354,254	BASED ON GAAP, CASH, AND/OR FMV
(6) UNITYPOINT AT HOME	N	1,154,730	BASED ON GAAP, CASH, AND/OR FMV
(7) UNITYPOINT AT HOME	P	1,162,825	BASED ON GAAP, CASH, AND/OR FMV
(8) UNITYPOINT AT HOME	Q	6,385,942	BASED ON GAAP, CASH, AND/OR FMV
(9) UNITYPOINT AT HOME	R	252,285	BASED ON GAAP, CASH, AND/OR FMV
(10) UNITYPOINT AT HOME	S	89,901	BASED ON GAAP, CASH, AND/OR FMV
(11) UNITYPOINT HEALTH-MARSHALLTOWN	A	1,338,000	BASED ON GAAP, CASH, AND/OR FMV