

<b>Part II Signature Block</b>																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	<div>*****</div> <div>Signature of officer</div> <div>2020-11-12</div> <div>Date</div>															
	<div>DANIEL CARPENTER SVP/CFO</div> <div>Type or print name and title</div>															
<b>Paid Preparer Use Only</b>	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN</td> </tr> <tr> <td colspan="3">Firm's name ▶</td> <td colspan="2">Firm's EIN ▶</td> </tr> <tr> <td colspan="3">Firm's address ▶</td> <td colspan="2">Phone no.</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	Firm's name ▶			Firm's EIN ▶		Firm's address ▶			Phone no.	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN											
	Firm's name ▶			Firm's EIN ▶												
Firm's address ▶			Phone no.													

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

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.

<b>4a</b>	(Code: ) (Expenses \$ 331,959,458 including grants of \$ 1,774,688 ) (Revenue \$ 371,888,378 )
See Additional Data	



















<b>4b</b>	(Code: ) (Expenses \$ 94,000 including grants of \$ 94,000 ) (Revenue \$ 0 )
See Additional Data	

<b>4c</b>	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	332,053,458
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**Part IV Checklist of Required Schedules**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	1,749
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes

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

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	16	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								12,106,971	11,685,889	5,620,340

**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 ▶ 247

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROWE LLP 320 E JEFFERSON BLVD SOUTH BEND, IN 46624	CONSULTING SERVICES	6,353,664
CHANGE HEALTHCARE 3055 LEBANON PIKE STE 1000 NASHVILLE, TN 37214	MANAGEMENT SERVICES	3,933,668
H&R ACCOUNTS INC 5320 22ND AVE MOLINE, IL 61265	COLLECTION SERVICES	3,400,862
THE ADVISORY BOARD COMPANY PO BOX 84019 CHICAGO, IL 60689	CONSULTING SERVICES	2,414,200
PALMER COMPANIES INC 3737 WOODLAND AVE STE 200 WEST DES MOINES, IA 50266	EMPLOYMENT SERVICES	2,180,806

**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 ▶ 152



Form 990 (2019)										Page <b>9</b>			
<b>Part VIII Statement of Revenue</b>													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>											
	<b>b</b> Membership dues . . .	<b>1b</b>											
	<b>c</b> Fundraising events . . .	<b>1c</b>											
	<b>d</b> Related organizations	<b>1d</b>	1,722,208										
	<b>e</b> Government grants (contributions)	<b>1e</b>											
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>											
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>											
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	1,722,208											
<b>Program Service Revenue</b>			<b>Business Code</b>										
	<b>2a</b> MGMT & SUPPORT SVCS	561000		340,736,624		340,150,879		585,745					
	<b>b</b> SUBS & JOINT VENTURES	900099		-3,834,506		-3,834,506							
	<b>c</b>												
	<b>d</b>												
	<b>e</b>												
	<b>f</b> All other program service revenue.												
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶	336,902,118											
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			29,748,284				445,928		29,302,356			
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶												
	<b>5</b> Royalties . . . . . ▶												
			(i) Real	(ii) Personal									
	<b>6a</b> Gross rents	<b>6a</b>											
	<b>b</b> Less: rental expenses	<b>6b</b>											
	<b>c</b> Rental income or (loss)	<b>6c</b>											
	<b>d</b> Net rental income or (loss) . . . . . ▶												
			(i) Securities	(ii) Other									
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	17,919,368	11,052									
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	17,825,130	0									
	<b>c</b> Gain or (loss)	<b>7c</b>	94,238	11,052									
	<b>d</b> Net gain or (loss) . . . . . ▶			105,290						105,290			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>8a</b>									
	<b>b</b> Less: direct expenses . . . . .			<b>8b</b>									
	<b>c</b> Net income or (loss) from fundraising events . . . ▶												
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>9a</b>									
	<b>b</b> Less: direct expenses . . . . .			<b>9b</b>									
	<b>c</b> Net income or (loss) from gaming activities . . . ▶												
	<b>10a</b> Gross sales of inventory, less returns and allowances . . .			<b>10a</b>									
	<b>b</b> Less: cost of goods sold . . .			<b>10b</b>									
	<b>c</b> Net income or (loss) from sales of inventory . . . ▶												
Miscellaneous Revenue			Business Code										
<b>11a</b> SHARED SAVINGS REVENUE			900099		24,444,518		24,444,518						
<b>b</b> MISCELLANEOUS REVENUE			900099		10,095,814		8,947,216		1,148,598				
<b>c</b>													
<b>d</b> All other revenue . . . . .													
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					34,540,332								
<b>12 Total revenue.</b> See instructions . . . . . ▶					403,018,232		369,708,107		2,180,271				
									29,407,646				

Form 990 (2019)

**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 ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,868,688	1,868,688		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	11,513,440		11,513,440	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	293,185		293,185	
<b>7</b> Other salaries and wages . . . . .	120,408,377	120,408,377		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,772,395	2,772,395		
<b>9</b> Other employee benefits . . . . .	20,630,809	20,630,809		
<b>10</b> Payroll taxes . . . . .	8,511,056	8,511,056		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	610,255		610,255	
<b>c</b> Accounting . . . . .	790,315		790,315	
<b>d</b> Lobbying . . . . .	621,894		621,894	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	96,114	57,746	38,368	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	138,065,502	108,572,606	29,492,896	
<b>12</b> Advertising and promotion . . . . .	3,098,191		3,098,191	
<b>13</b> Office expenses . . . . .	1,057,691	374,216	683,475	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	14,482,324	11,016,470	3,465,854	
<b>17</b> Travel . . . . .	2,362,202	674,795	1,687,407	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	452,110	240,094	212,016	
<b>20</b> Interest . . . . .	32,200,786	32,200,786		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	48,065,692	24,478,586	23,587,106	
<b>23</b> Insurance . . . . .	245,586	245,370	216	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS EXPENSE	575,438	21,804	553,634	
<b>b</b> SALES/USE TAXES	29,733	29,733		
<b>c</b> MEDICAL SUPPLIES	381	239	142	
<b>d</b> INCOME TAXES	-50,312	-50,312		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	408,701,852	332,053,458	76,648,394	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		49,346,467	<b>1</b>	71,155,219	
	<b>2</b>	Savings and temporary cash investments . . . . .		4,349,836	<b>2</b>	6,500,327	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>		
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		924,181,509	<b>7</b>	951,758,238	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		28,843,771	<b>9</b>	38,296,704	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	595,008,415			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	492,802,406	114,716,595	<b>10c</b>	102,206,009
	<b>11</b>	Investments—publicly traded securities . . . . .		20,883,423	<b>11</b>	20,636,650	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		32,707,620	<b>13</b>	37,839,864	
	<b>14</b>	Intangible assets . . . . .		34,500	<b>14</b>	34,500	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		7,529,066	<b>15</b>	30,466,691	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,182,592,787	<b>16</b>	1,258,894,202		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		96,839,890	<b>17</b>	124,940,456	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		8,420,266	<b>19</b>	7,647,332	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		990,276,758	<b>20</b>	967,107,336	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		28,219,655	<b>23</b>	24,866,306	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		2,897,925	<b>24</b>	5,617,310	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		113,597,816	<b>25</b>	204,591,265	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,240,252,310	<b>26</b>	1,334,770,005	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		-57,707,663	<b>27</b>	-75,923,943	
	<b>28</b>	Net assets with donor restrictions . . . . .		48,140	<b>28</b>	48,140	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>		
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		-57,659,523	<b>32</b>	-75,875,803		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,182,592,787	<b>33</b>	1,258,894,202		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	403,018,232
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	408,701,852
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-5,683,620
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-57,659,523
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,351,538
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,181,122
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-75,875,803

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

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

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

# Additional Data

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

Form 990 (2019)

**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 TEN 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), FINLEY TRI-STATES HEALTH GROUP (DUBUQUE), METHODIST HEALTH SERVICES CORPORATION (PEORIA), MERITER HEALTH SERVICES (MADISON), KEOKUK HEALTH SYSTEMS, INC. (KEOKUK), AND 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: \$94,000.

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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						16,000	0	0
BILL ARNOLD ..... BOARD MEMBER	1.00 ..... 1.00	X						17,500	0	0
DAVE BOYER ..... BOARD TREASURER	1.00 ..... 1.00	X		X				21,500	0	0
BRAD BRODY ..... BOARD MEMBER	1.00 ..... 1.00	X						15,750	0	0
KYLE CHRISTIASON MD ..... BOARD MEMBER	1.00 ..... 40.00	X						0	406,906	47,529
BRENDA CLANCY ..... BOARD MEMBER	1.00 ..... 0.00	X						17,000	0	0
STANTON DANIELSON MD ..... BOARD MEMBER	1.00 ..... 40.00	X						0	404,410	43,675
RANDY EASTON ..... BOARD CHAIR	1.00 ..... 1.00	X		X				30,706	0	0
VIRGINIA GRAVES ..... BOARD MEMBER	1.00 ..... 1.00	X						16,500	0	0
SALLY GRAY ..... BOARD SECRETARY	1.00 ..... 1.00	X		X				20,750	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			
KENT HENNING ..... BOARD MEMBER	1.00 ..... 1.00	X						16,876	110	0
RICHARD MCCONNELL ..... BOARD MEMBER	1.00 ..... 1.00	X						22,250	110	0
CATHERINE RANHEIM MD ..... BOARD MEMBER	1.00 ..... 40.00	X						0	359,405	17,012
MARK SCHWIEBERT ..... BOARD MEMBER	1.00 ..... 0.00	X						14,876	0	0
JANET SICHTERMAN ..... BOARD VICE CHAIR	1.00 ..... 1.00	X		X				21,500	0	0
JAMES STEVENSON ..... BOARD MEMBER	1.00 ..... 1.00	X						18,714	0	0
MIKE STONE ..... BOARD MEMBER	1.00 ..... 1.00	X						18,938	0	0
KALYANA SUNDARAM ..... BOARD MEMBER	1.00 ..... 1.00	X						17,069	0	0
JOHN TAETS ..... BOARD MEMBER	1.00 ..... 1.00	X						20,500	0	0
DANIEL CARPENTER ..... SVP/CFO	40.00 ..... 1.00			X				843,895	0	230,932



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			
KEVIN VERMEER ..... PRESIDENT/CEO	40.00 ..... 1.00			X				1,816,961	0	803,738
PAMELA DELAGARDELLE ..... PRESIDENT/CEO-WAT	1.00 .....				X			0	540,522	229,135
DENNY DRAKE ..... VP GENERAL COUNSEL/CORP CO	40.00 40.00 ..... 0.00				X			1,206,969	0	162,324
SUSAN ERICKSON ..... PRESIDENT/CEO-WI	1.00 ..... 40.00				X			0	693,058	161,813
MARK JOHNSON ..... VP SUPPLY CHAIN MANAGEMENT	40.00 ..... 1.00				X			482,246	0	201,509
BRIAN JONES ..... VP PAYOR INNOVATION	40.00 ..... 0.00				X			452,197	0	44,539
KEITH KNEPP MD ..... PRESIDENT/CEO-PM (FR 07/19)	1.00 ..... 40.00				X			0	784,050	118,079
KENT LEHR ..... VP STRATEGY & BUSINESS DEVELOPMENT	40.00 ..... 0.00				X			435,604	0	44,507
MICHELLE NIERMANN ..... INTERIM PRES/CEO-DUB (FR 6/18)	1.00 ..... 40.00				X			0	591,431	196,341
ART NIZZA ..... EVP/COO	40.00 ..... 0.00				X			1,064,768	0	278,609

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			
MARY OSBORN .....	40.00 .....				X			470,063	0	36,131
VP OF CARE TRANSFORMATION .....	0.00 .....				X					
EMILY PORTER .....	40.00 .....				X			592,523	0	162,395
SVP TALENT & MARKETING COMM OFFICER .....	0.00 .....				X					
RICHARD SEIDLER .....	1.00 .....				X			0	2,038,772	548,181
PRESIDENT/CEO-QC (TO 05/19) .....	40.00 .....				X					
RENEE RASMUSSEN .....	40.00 .....				X			728,656	0	170,186
VP REVENUE CYCLE .....	0.00 .....				X					
SABRA ROSENER .....	40.00 .....				X			488,012	0	191,100
VP GOVERNMENT RELATIONS .....	0.00 .....				X					
LAURA SMITH .....	40.00 .....				X			486,666	0	32,986
VP CHIEF INFORMATION OFFICER .....	0.00 .....				X					
DEBORAH SIMON .....	1.00 .....				X			0	1,968,915	166,251
PRESIDENT/CEO-PM (TO 07/19) .....	40.00 .....				X					
DAVID STARK .....	1.00 .....				X			0	668,117	222,754
PRESIDENT/CEO-DSM .....	40.00 .....				X					
SUSAN THOMPSON .....	40.00 .....				X			746,756	0	515,779
SVP INT & OPT .....	0.00 .....				X					
DAVID WILLIAMS MD .....	1.00 .....				X			0	743,388	227,859
CEO-IPCMF & UPH@HOME .....	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			
LYNN WOLD ..... PRESIDENT/CEO-SC	1.00 ..... 40.00				X			0	446,086	137,609
TODD BURCHILL ..... BUSINESS DEVELOPMENT EXEC DIR	40.00 ..... 0.00					X		332,468	0	43,164
MATTHEW KIRSCHNER ..... VP/TREASURY	40.00 ..... 0.00					X		417,688	0	45,375
WENDY MORTIMORE ..... CHIEF MEDICAL INF OFFICER	40.00 ..... 0.00					X		421,953	0	58,244
ARIC SHARP ..... VP/ACO (TO 02/19)	40.00 ..... 0.00					X		433,794	0	1,288
JOHN SHEEHAN ..... CHIEF ADMINISTRATIVE OFFICER SVP	40.00 ..... 0.00					X		379,323	0	13,362
DAVID BRANDON ..... FRMR PRESIDENT/CEO-DUB (TO 06/18)	0.00 ..... 0.00						X	0	176,068	44,665
MIKE DEWERFF SVP CFO-DSM ..... FRMR PRESIDENT/CEO-FD (TO 07/18)	0.00 ..... 40.00						X	0	527,622	153,646
THEODORE TOWNSEND FRMR PRESCEO-CR ..... FRMR INT PRES/CEO-DUB (TO 12/18)	0.00 ..... 0.00						X	0	1,336,919	269,623

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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				22,152,379	0

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
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.	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			Yes	No
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.	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.	3b	Yes	



Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
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).**

[illegible]

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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.)

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

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

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

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

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

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

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

**(a)** Filing organization's totals

**(b)** Affiliated group totals

0 0

621,894 796,391

621,894 796,391

283,315,180 4,129,042,308

283,937,074 4,129,838,699

1,000,000 1,000,000

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

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

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

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

250,000	250,000
0	0
0	0

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

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

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

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	601,510	691,344	761,156	796,391	2,850,401
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0		

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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TY 2019 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:	621,894
Total Lobbying Expenditures:	621,894
Other Exempt Purpose Expenditures:	283,315,180
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:	11,677,227
Total Exempt Purpose Expenditures:	11,677,227
Lobbying Nontaxable Amount:	733,861
Grassroots Nontaxable Amount:	183,465
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

<b>Affiliated Group Business Name:</b>	ABBEHEALTH INC		
<b>Address. Either US or Foreign Type:</b>	740 N 15TH AVE NO A HIAWATHA, IA 52233		
<b>EIN:</b>	42-1373123		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		124,223	
<b>Total Exempt Purpose Expenditures:</b>		124,223	
<b>Lobbying Nontaxable Amount:</b>		24,845	
<b>Grassroots Nontaxable Amount:</b>		6,211	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b> AGING SERVICES INC			
<b>Address. Either US or Foreign Type:</b> 740 N 15TH AVE NO A HIAWATHA, IA 52233			
<b>EIN:</b> 23-7085316			
<b>Electing Organization Checkbox:</b> <input type="checkbox"/>			
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,536,354	
<b>Total Exempt Purpose Expenditures:</b>		2,536,354	
<b>Lobbying Nontaxable Amount:</b>		276,818	
<b>Grassroots Nontaxable Amount:</b>		69,205	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	ALLEN COLLEGE		
<b>Address. Either US or Foreign Type:</b>	1825 LOGAN AVENUE WATERLOO, IA 50703		
<b>EIN:</b>	42-1351526		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		9,405,857	
<b>Total Exempt Purpose Expenditures:</b>		9,405,857	
<b>Lobbying Nontaxable Amount:</b>		620,293	
<b>Grassroots Nontaxable Amount:</b>		155,073	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	ALLEN HEALTH SYSTEMS INC		
<b>Address. Either US or Foreign Type:</b>	1825 LOGAN AVENUE WATERLOO, IA 50703		
<b>EIN:</b>	42-1201924		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,870,053	
<b>Total Exempt Purpose Expenditures:</b>		2,870,053	
<b>Lobbying Nontaxable Amount:</b>		293,503	
<b>Grassroots Nontaxable Amount:</b>		73,376	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	ALLEN MEMORIAL HOSPITAL CORPORATION		
<b>Address. Either US or Foreign Type:</b>	1825 LOGAN AVENUE WATERLOO, IA 50703		
<b>EIN:</b>	42-0698265		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		261,543,750	
<b>Total Exempt Purpose Expenditures:</b>		261,543,750	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	ANAMOSA AREA AMBULANCE SERVICE		
<b>Address. Either US or Foreign Type:</b>	101 GRANT WOOD DRIVE ANAMOSA, IA 52205		
<b>EIN:</b>	42-1466284		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		661,733	
<b>Total Exempt Purpose Expenditures:</b>		661,733	
<b>Lobbying Nontaxable Amount:</b>		124,260	
<b>Grassroots Nontaxable Amount:</b>		31,065	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	BLACK HAWK-GRUNDY MENTAL HEALTH CENTER INC		
<b>Address. Either US or Foreign Type:</b>	3251 WEST NINTH STREET WATERLOO, IA 50702		
<b>EIN:</b>	42-0733463		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		4,442,050	
<b>Total Exempt Purpose Expenditures:</b>		4,442,050	
<b>Lobbying Nontaxable Amount:</b>		372,103	
<b>Grassroots Nontaxable Amount:</b>		93,026	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	CENTER FOR ALCOHOL AND DRUG SERVICES INC		
<b>Address. Either US or Foreign Type:</b>	4869 FOREST GROVE DRIVE BETTENDORF, IA 52722		
<b>EIN:</b>	42-1134273		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		3,959,308	
<b>Total Exempt Purpose Expenditures:</b>		3,959,308	
<b>Lobbying Nontaxable Amount:</b>		347,965	
<b>Grassroots Nontaxable Amount:</b>		86,991	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	CENTRAL IOWA HEALTH SYSTEM
<b>Address. Either US or Foreign Type:</b>	1200 PLEASANT STREET DES MOINES, IA 50309
<b>EIN:</b>	42-1189791
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	4,027,793
<b>Total Exempt Purpose Expenditures:</b>	4,027,793
<b>Lobbying Nontaxable Amount:</b>	351,390
<b>Grassroots Nontaxable Amount:</b>	87,848
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0
<b>Affiliated Group Business Name:</b>	CENTRAL IOWA HOSPITAL CORPORATION
<b>Address. Either US or Foreign Type:</b>	1200 PLEASANT STREET DES MOINES, IA 50309
<b>EIN:</b>	42-0680452
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	8,000
<b>Total Lobbying Expenditures:</b>	8,000
<b>Other Exempt Purpose Expenditures:</b>	779,201,026
<b>Total Exempt Purpose Expenditures:</b>	779,209,026
<b>Lobbying Nontaxable Amount:</b>	1,000,000
<b>Grassroots Nontaxable Amount:</b>	250,000
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0



<b>Affiliated Group Business Name:</b>	CHATHAM OAKS		
<b>Address. Either US or Foreign Type:</b>	740 N 15TH AVE NO A HIAWATHA, IA 52233		
<b>EIN:</b>	42-1302928		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		3,741,568	
<b>Total Exempt Purpose Expenditures:</b>		3,741,568	
<b>Lobbying Nontaxable Amount:</b>		337,078	
<b>Grassroots Nontaxable Amount:</b>		84,270	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES		
<b>Address. Either US or Foreign Type:</b>	945 19TH STREET DES MOINES, IA 50314		
<b>EIN:</b>	42-0942273		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		13,238,647	
<b>Total Exempt Purpose Expenditures:</b>		13,238,647	
<b>Lobbying Nontaxable Amount:</b>		811,932	
<b>Grassroots Nontaxable Amount:</b>		202,983	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	FINLEY TRI-STATES HEALTH GROUP INC		
<b>Address. Either US or Foreign Type:</b>	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
<b>EIN:</b>	42-1307495		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		458,213	
<b>Total Exempt Purpose Expenditures:</b>		458,213	
<b>Lobbying Nontaxable Amount:</b>		91,643	
<b>Grassroots Nontaxable Amount:</b>		22,911	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER		
<b>Address. Either US or Foreign Type:</b>	3820 HILLSIDE DRIVE CEDAR FALLS, IA 50613		
<b>EIN:</b>	42-1372380		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		0	
<b>Total Exempt Purpose Expenditures:</b>		0	
<b>Lobbying Nontaxable Amount:</b>		0	
<b>Grassroots Nontaxable Amount:</b>		0	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	GRINNELL REGIONAL MEDICAL CENTER		
<b>Address. Either US or Foreign Type:</b>	210 FOURTH AVENUE GRINNELL, IA 50112		
<b>EIN:</b>	42-0933383		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		40,614,808	
<b>Total Exempt Purpose Expenditures:</b>		40,614,808	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	GRINNELL REGIONAL MEDICAL CENTER AUXILIARY		
<b>Address. Either US or Foreign Type:</b>	210 FOURTH AVENUE GRINNELL, IA 50112		
<b>EIN:</b>	23-7075505		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		34,569	
<b>Total Exempt Purpose Expenditures:</b>		34,569	
<b>Lobbying Nontaxable Amount:</b>		6,914	
<b>Grassroots Nontaxable Amount:</b>		1,729	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	GRINNELL REGIONAL MEDICAL CENTER FOUNDATION		
<b>Address. Either US or Foreign Type:</b>	210 FOURTH AVENUE GRINNELL, IA 50112		
<b>EIN:</b>	42-1454737		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>			0
<b>Total Exempt Purpose Expenditures:</b>			0
<b>Lobbying Nontaxable Amount:</b>			0
<b>Grassroots Nontaxable Amount:</b>			0
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	HULT CENTER FOR HEALTHY LIVING INC		
<b>Address. Either US or Foreign Type:</b>	5409 N KNOXVILLE AVE PEORIA, IL 61614		
<b>EIN:</b>	36-3510390		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		935,085	
<b>Total Exempt Purpose Expenditures:</b>		935,085	
<b>Lobbying Nontaxable Amount:</b>		165,263	
<b>Grassroots Nontaxable Amount:</b>		41,316	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	HUMAN SERVICE CENTER		
<b>Address. Either US or Foreign Type:</b>	600 FAYETTE PO BOX 1346 PEORIA, IL 61654		
<b>EIN:</b>	37-1004882		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		7,893,208	
<b>Total Exempt Purpose Expenditures:</b>		7,893,208	
<b>Lobbying Nontaxable Amount:</b>		544,660	
<b>Grassroots Nontaxable Amount:</b>		136,165	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b> IOWA HEALTH FOUNDATION			
<b>Address. Either US or Foreign Type:</b> 1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309			
<b>EIN:</b> 42-1467682			
<b>Electing Organization Checkbox:</b> <input type="checkbox"/>			
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>			0
<b>Total Exempt Purpose Expenditures:</b>			0
<b>Lobbying Nontaxable Amount:</b>			0
<b>Grassroots Nontaxable Amount:</b>			0
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION		
<b>Address. Either US or Foreign Type:</b>	1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266		
<b>EIN:</b>	42-1411630		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		556,423,321	
<b>Total Exempt Purpose Expenditures:</b>		556,423,321	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	KEOKUK AREA HOSPITAL		
<b>Address. Either US or Foreign Type:</b>	1600 MORGAN STREET KEOKUK, IA 52632		
<b>EIN:</b>	42-0710268		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		16,381,531	
<b>Total Exempt Purpose Expenditures:</b>		16,381,531	
<b>Lobbying Nontaxable Amount:</b>		969,077	
<b>Grassroots Nontaxable Amount:</b>		242,269	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

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

<b>Affiliated Group Business Name:</b>	MEMORIAL FOUNDATION OF ALLEN HOSPITAL		
<b>Address. Either US or Foreign Type:</b>	1825 LOGAN AVENUE WATERLOO, IA 50703		
<b>EIN:</b>	42-1201138		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		3,760,101	
<b>Total Exempt Purpose Expenditures:</b>		3,760,101	
<b>Lobbying Nontaxable Amount:</b>		338,005	
<b>Grassroots Nontaxable Amount:</b>		84,501	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	MERITER FOUNDATION INC		
<b>Address. Either US or Foreign Type:</b>	202 SOUTH PARK STREET MADISON, WI 53715		
<b>EIN:</b>	23-7098688		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		766,144	
<b>Total Exempt Purpose Expenditures:</b>		766,144	
<b>Lobbying Nontaxable Amount:</b>		139,922	
<b>Grassroots Nontaxable Amount:</b>		34,981	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	



<b>Affiliated Group Business Name:</b>	MERITER HEALTH SERVICES INC		
<b>Address. Either US or Foreign Type:</b>	202 SOUTH PARK STREET MADISON, WI 53715		
<b>EIN:</b>	39-1412318		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		829,829	
<b>Total Exempt Purpose Expenditures:</b>		829,829	
<b>Lobbying Nontaxable Amount:</b>		149,474	
<b>Grassroots Nontaxable Amount:</b>		37,369	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	MERITER HOSPITAL INC		
<b>Address. Either US or Foreign Type:</b>	202 SOUTH PARK STREET MADISON, WI 53715		
<b>EIN:</b>	39-0806367		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		378,233,007	
<b>Total Exempt Purpose Expenditures:</b>		378,233,007	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	METHODIST HEALTH SERVICES CORPORATION		
<b>Address. Either US or Foreign Type:</b>	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
<b>EIN:</b>	37-1111135		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		562,442	
<b>Total Exempt Purpose Expenditures:</b>		562,442	
<b>Lobbying Nontaxable Amount:</b>		109,366	
<b>Grassroots Nontaxable Amount:</b>		27,342	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b> METHODIST MEDICAL CENTER FOUNDATION			
<b>Address. Either US or Foreign Type:</b> 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636			
<b>EIN:</b> 51-0186460			
<b>Electing Organization Checkbox:</b> <input type="checkbox"/>			
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		4,147,830	
<b>Total Exempt Purpose Expenditures:</b>		4,147,830	
<b>Lobbying Nontaxable Amount:</b>		357,392	
<b>Grassroots Nontaxable Amount:</b>		89,348	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	METHODIST MEDICAL CENTER OF ILLINOIS
<b>Address. Either US or Foreign Type:</b>	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636
<b>EIN:</b>	37-0661223
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	50,018
<b>Total Lobbying Expenditures:</b>	50,018
<b>Other Exempt Purpose Expenditures:</b>	368,818,172
<b>Total Exempt Purpose Expenditures:</b>	368,868,190
<b>Lobbying Nontaxable Amount:</b>	1,000,000
<b>Grassroots Nontaxable Amount:</b>	250,000
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0
<b>Affiliated Group Business Name:</b>	METHODIST SERVICES INC
<b>Address. Either US or Foreign Type:</b>	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636
<b>EIN:</b>	37-1111134
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	9,880,274
<b>Total Exempt Purpose Expenditures:</b>	9,880,274
<b>Lobbying Nontaxable Amount:</b>	644,014
<b>Grassroots Nontaxable Amount:</b>	161,004
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0

<b>Affiliated Group Business Name:</b>	NELLIE R SHERWOOD TRUST		
<b>Address. Either US or Foreign Type:</b>	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
<b>EIN:</b>	42-6061621		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		11,760	
<b>Total Exempt Purpose Expenditures:</b>		11,760	
<b>Lobbying Nontaxable Amount:</b>		2,352	
<b>Grassroots Nontaxable Amount:</b>		588	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED		
<b>Address. Either US or Foreign Type:</b>	720 KENYON DRIVE FORT DODGE, IA 50501		
<b>EIN:</b>	42-0937390		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>		0	
<b>Total Direct Lobbying:</b>		0	
<b>Total Lobbying Expenditures:</b>		0	
<b>Other Exempt Purpose Expenditures:</b>		4,278,847	
<b>Total Exempt Purpose Expenditures:</b>		4,278,847	
<b>Lobbying Nontaxable Amount:</b>		363,942	
<b>Grassroots Nontaxable Amount:</b>		90,986	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	NORTHWEST IOWA HOSPITAL CORPORATION		
<b>Address. Either US or Foreign Type:</b>	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
<b>EIN:</b>	42-1019872		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		146,922,962	
<b>Total Exempt Purpose Expenditures:</b>		146,922,962	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	PARK COURT LIMITED		
<b>Address. Either US or Foreign Type:</b>	600 SOUTH 13TH STREET PEKIN, IL 61554		
<b>EIN:</b>	37-1178386		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,066,118	
<b>Total Exempt Purpose Expenditures:</b>		2,066,118	
<b>Lobbying Nontaxable Amount:</b>		253,306	
<b>Grassroots Nontaxable Amount:</b>		63,327	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	PEKIN MEMORIAL HOSPITAL
<b>Address. Either US or Foreign Type:</b>	600 SOUTH 13TH STREET PEKIN, IL 61554
<b>EIN:</b>	37-0692351
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	18,579
<b>Total Lobbying Expenditures:</b>	18,579
<b>Other Exempt Purpose Expenditures:</b>	46,652,986
<b>Total Exempt Purpose Expenditures:</b>	46,671,565
<b>Lobbying Nontaxable Amount:</b>	1,000,000
<b>Grassroots Nontaxable Amount:</b>	250,000
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0
<b>Affiliated Group Business Name:</b>	PENN CENTER INC
<b>Address. Either US or Foreign Type:</b>	740 N 15TH AVE NO A HIAWATHA, IA 52233
<b>EIN:</b>	42-1421803
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	7,228,276
<b>Total Exempt Purpose Expenditures:</b>	7,228,276
<b>Lobbying Nontaxable Amount:</b>	511,414
<b>Grassroots Nontaxable Amount:</b>	127,854
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0

<b>Affiliated Group Business Name:</b>	PRAIRIE VIEW VILLAS NO 1		
<b>Address. Either US or Foreign Type:</b>	1900 SPRING ROAD STE 300 OAK BROOK, IL 60523		
<b>EIN:</b>	26-1755679		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		75,506	
<b>Total Exempt Purpose Expenditures:</b>		75,506	
<b>Lobbying Nontaxable Amount:</b>		15,101	
<b>Grassroots Nontaxable Amount:</b>		3,775	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	PROCTOR HEALTH CARE INCORPORATED		
<b>Address. Either US or Foreign Type:</b>	5409 N KNOXVILLE AVE PEORIA, IL 61614		
<b>EIN:</b>	37-1133412		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		0	
<b>Total Exempt Purpose Expenditures:</b>		0	
<b>Lobbying Nontaxable Amount:</b>		0	
<b>Grassroots Nontaxable Amount:</b>		0	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	PROCTOR HEALTH SYSTEMS
<b>Address. Either US or Foreign Type:</b>	5409 N KNOXVILLE AVE PEORIA, IL 61614
<b>EIN:</b>	36-4147437
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	7,586,234
<b>Total Exempt Purpose Expenditures:</b>	7,586,234
<b>Lobbying Nontaxable Amount:</b>	529,312
<b>Grassroots Nontaxable Amount:</b>	132,328
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0
<b>Affiliated Group Business Name:</b>	PROCTOR HOSPITAL
<b>Address. Either US or Foreign Type:</b>	5409 N KNOXVILLE AVE PEORIA, IL 61614
<b>EIN:</b>	37-0681540
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	26,400
<b>Total Lobbying Expenditures:</b>	26,400
<b>Other Exempt Purpose Expenditures:</b>	93,105,201
<b>Total Exempt Purpose Expenditures:</b>	93,131,601
<b>Lobbying Nontaxable Amount:</b>	1,000,000
<b>Grassroots Nontaxable Amount:</b>	250,000
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0



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

<b>Affiliated Group Business Name:</b>	SIOUXLAND PACE INC		
<b>Address. Either US or Foreign Type:</b>	313 COOK STREET SIOUX CITY, IA 51103		
<b>EIN:</b>	26-1120134		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		15,647,800	
<b>Total Exempt Purpose Expenditures:</b>		15,647,800	
<b>Lobbying Nontaxable Amount:</b>		932,390	
<b>Grassroots Nontaxable Amount:</b>		233,098	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	ST LUKE'S HEALTH RESOURCES		
<b>Address. Either US or Foreign Type:</b>	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
<b>EIN:</b>	42-1059182		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		4,174,671	
<b>Total Exempt Purpose Expenditures:</b>		4,174,671	
<b>Lobbying Nontaxable Amount:</b>		358,734	
<b>Grassroots Nontaxable Amount:</b>		89,684	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	ST LUKE'S HEALTH SYSTEM INC		
<b>Address. Either US or Foreign Type:</b>	2720 STONE PARK BLVD SIOUX CITY, IA 51104		
<b>EIN:</b>	42-1294091		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,741,443	
<b>Total Exempt Purpose Expenditures:</b>		2,741,443	
<b>Lobbying Nontaxable Amount:</b>		287,072	
<b>Grassroots Nontaxable Amount:</b>		71,768	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	ST LUKE'S HEALTHCARE		
<b>Address. Either US or Foreign Type:</b>	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
<b>EIN:</b>	42-1487968		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		1,499,943	
<b>Total Exempt Purpose Expenditures:</b>		1,499,943	
<b>Lobbying Nontaxable Amount:</b>		224,994	
<b>Grassroots Nontaxable Amount:</b>		56,249	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	ST LUKE'S METHODIST HOSPITAL		
<b>Address. Either US or Foreign Type:</b>	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
<b>EIN:</b>	42-0504780		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		355,178,795	
<b>Total Exempt Purpose Expenditures:</b>		355,178,795	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	ST LUKE'SJONES REGIONAL MEDICAL CENTER		
<b>Address. Either US or Foreign Type:</b>	1795 HIGHWAY 64 EAST ANAMOSA, IA 52205		
<b>EIN:</b>	42-1487967		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		33,392,880	
<b>Total Exempt Purpose Expenditures:</b>		33,392,880	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	STL CARE COMPANY		
<b>Address. Either US or Foreign Type:</b>	1026 A AVENUE NE CEDAR RAPIDS, IA 52402		
<b>EIN:</b>	42-1276632		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		9,539,228	
<b>Total Exempt Purpose Expenditures:</b>		9,539,228	
<b>Lobbying Nontaxable Amount:</b>		626,961	
<b>Grassroots Nontaxable Amount:</b>		156,740	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	TAZWOOD MENTAL HEALTH CENTER INC		
<b>Address. Either US or Foreign Type:</b>	3248 VANDEVER AVE PEKIN, IL 61554		
<b>EIN:</b>	37-1278969		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		1,142,334	
<b>Total Exempt Purpose Expenditures:</b>		1,142,334	
<b>Lobbying Nontaxable Amount:</b>		189,233	
<b>Grassroots Nontaxable Amount:</b>		47,308	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	THE DUBUQUE VISITING NURSE ASSOCIATION		
<b>Address. Either US or Foreign Type:</b>	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
<b>EIN:</b>	42-0680410		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,553,391	
<b>Total Exempt Purpose Expenditures:</b>		2,553,391	
<b>Lobbying Nontaxable Amount:</b>		277,670	
<b>Grassroots Nontaxable Amount:</b>		69,418	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	THE FINLEY HOSPITAL		
<b>Address. Either US or Foreign Type:</b>	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		
<b>EIN:</b>	42-0680354		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		106,635,724	
<b>Total Exempt Purpose Expenditures:</b>		106,635,724	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH		
<b>Address. Either US or Foreign Type:</b>	2701 17TH STREET ROCK ISLAND, IL 61201		
<b>EIN:</b>	36-3678909		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>		71,500	
<b>Total Lobbying Expenditures:</b>		71,500	
<b>Other Exempt Purpose Expenditures:</b>		24,275,745	
<b>Total Exempt Purpose Expenditures:</b>		24,347,245	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b> TRIMARK PHYSICIANS GROUP			
<b>Address. Either US or Foreign Type:</b> 802 KENYON ROAD FORT DODGE, IA 50501			
<b>EIN:</b> 45-3791448			
<b>Electing Organization Checkbox:</b> <input type="checkbox"/>			
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>			0
<b>Total Exempt Purpose Expenditures:</b>			0
<b>Lobbying Nontaxable Amount:</b>			0
<b>Grassroots Nontaxable Amount:</b>			0
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	TRINITY COLLEGE OF NURSING & HEALTH SCIENCES		
<b>Address. Either US or Foreign Type:</b>	2122 25TH AVE ROCK ISLAND, IL 61201		
<b>EIN:</b>	81-0994377		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,676,474	
<b>Total Exempt Purpose Expenditures:</b>		2,676,474	
<b>Lobbying Nontaxable Amount:</b>		283,824	
<b>Grassroots Nontaxable Amount:</b>		70,956	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	TRINITY HEALTH FOUNDATION		
<b>Address. Either US or Foreign Type:</b>	802 KENYON ROAD FORT DODGE, IA 50501		
<b>EIN:</b>	42-1222381		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		1,345,863	
<b>Total Exempt Purpose Expenditures:</b>		1,345,863	
<b>Lobbying Nontaxable Amount:</b>		209,586	
<b>Grassroots Nontaxable Amount:</b>		52,397	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0



<b>Affiliated Group Business Name:</b>	TRINITY HEALTH FOUNDATION		
<b>Address. Either US or Foreign Type:</b>	2701 17TH STREET ROCK ISLAND, IL 61201		
<b>EIN:</b>	36-3321751		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		1,407,979	
<b>Total Exempt Purpose Expenditures:</b>		1,407,979	
<b>Lobbying Nontaxable Amount:</b>		215,798	
<b>Grassroots Nontaxable Amount:</b>		53,950	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	TRINITY HEALTH SYSTEMS INC		
<b>Address. Either US or Foreign Type:</b>	802 KENYON ROAD FORT DODGE, IA 50501		
<b>EIN:</b>	42-1222877		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		1,428,102	
<b>Total Exempt Purpose Expenditures:</b>		1,428,102	
<b>Lobbying Nontaxable Amount:</b>		217,810	
<b>Grassroots Nontaxable Amount:</b>		54,453	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	TRINITY MEDICAL CENTER		
<b>Address. Either US or Foreign Type:</b>	2701 17TH STREET ROCK ISLAND, IL 61201		
<b>EIN:</b>	36-2739299		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		382,504,039	
<b>Total Exempt Purpose Expenditures:</b>		382,504,039	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	TRINITY REGIONAL HEALTH SYSTEM		
<b>Address. Either US or Foreign Type:</b>	2701 17TH STREET ROCK ISLAND, IL 61201		
<b>EIN:</b>	36-3351952		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		2,210,160	
<b>Total Exempt Purpose Expenditures:</b>		2,210,160	
<b>Lobbying Nontaxable Amount:</b>		260,508	
<b>Grassroots Nontaxable Amount:</b>		65,127	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	TRINITY REGIONAL HOSPITAL AUXILIARY		
<b>Address. Either US or Foreign Type:</b>	802 KENYON ROAD FORT DODGE, IA 50501		
<b>EIN:</b>	42-6081474		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		216,537	
<b>Total Exempt Purpose Expenditures:</b>		216,537	
<b>Lobbying Nontaxable Amount:</b>		43,307	
<b>Grassroots Nontaxable Amount:</b>		10,827	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	TRINITY REGIONAL MEDICAL CENTER		
<b>Address. Either US or Foreign Type:</b>	802 KENYON ROAD FORT DODGE, IA 50501		
<b>EIN:</b>	42-1009175		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		117,658,503	
<b>Total Exempt Purpose Expenditures:</b>		117,658,503	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	TRI-STATE MEDICAL GROUP INC		
<b>Address. Either US or Foreign Type:</b>	1600 MORGAN STREET KEOKUK, IA 52632		
<b>EIN:</b>	42-1435525		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		25,748	
<b>Total Exempt Purpose Expenditures:</b>		25,748	
<b>Lobbying Nontaxable Amount:</b>		5,150	
<b>Grassroots Nontaxable Amount:</b>		1,288	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b> UNITY HEALTHCARE			
<b>Address. Either US or Foreign Type:</b> 1518 MULBERRY AVENUE MUSCATINE, IA 52761			
<b>EIN:</b> 42-0680337			
<b>Electing Organization Checkbox:</b> <input type="checkbox"/>			
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		42,577,917	
<b>Total Exempt Purpose Expenditures:</b>		42,577,917	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	UNITY HEALTHCARE FOUNDATION		
<b>Address. Either US or Foreign Type:</b>	1518 MULBERRY AVENUE MUSCATINE, IA 52761		
<b>EIN:</b>	42-1525031		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		21,500	
<b>Total Exempt Purpose Expenditures:</b>		21,500	
<b>Lobbying Nontaxable Amount:</b>		4,300	
<b>Grassroots Nontaxable Amount:</b>		1,075	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	
<b>Affiliated Group Business Name:</b>	UNITYPOINT HEALTH - MARSHALLTOWN		
<b>Address. Either US or Foreign Type:</b>	1825 LOGAN AVENUE WATERLOO, IA 50703		
<b>EIN:</b>	81-5034179		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		59,883,620	
<b>Total Exempt Purpose Expenditures:</b>		59,883,620	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>		0	
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>		0	
<b>Share Of Excess Lobbying:</b>		0	

<b>Affiliated Group Business Name:</b>	UNITYPOINT HEALTH-UNITYPLACE		
<b>Address. Either US or Foreign Type:</b>	221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636		
<b>EIN:</b>	83-4051901		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>			0
<b>Total Exempt Purpose Expenditures:</b>			0
<b>Lobbying Nontaxable Amount:</b>			0
<b>Grassroots Nontaxable Amount:</b>			0
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0
<b>Affiliated Group Business Name:</b>	UNITYPOINT AT HOME		
<b>Address. Either US or Foreign Type:</b>	1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266		
<b>EIN:</b>	42-1477471		
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>		
<b>Total Grassroots Lobbying:</b>			0
<b>Total Direct Lobbying:</b>			0
<b>Total Lobbying Expenditures:</b>			0
<b>Other Exempt Purpose Expenditures:</b>		158,636,924	
<b>Total Exempt Purpose Expenditures:</b>		158,636,924	
<b>Lobbying Nontaxable Amount:</b>		1,000,000	
<b>Grassroots Nontaxable Amount:</b>		250,000	
<b>Tot Lobbying Grassroot Minus Non Tx:</b>			0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>			0
<b>Share Of Excess Lobbying:</b>			0

<b>Affiliated Group Business Name:</b>	UNITYPOINT HEALTH AT WORK
<b>Address. Either US or Foreign Type:</b>	1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266
<b>EIN:</b>	81-0872241
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	6,573,226
<b>Total Exempt Purpose Expenditures:</b>	6,573,226
<b>Lobbying Nontaxable Amount:</b>	478,661
<b>Grassroots Nontaxable Amount:</b>	119,665
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
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 . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019



Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

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
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				447
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	48,139	48,139	48,139	48,139

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	886,530	270,144
c	Leasehold improvements	5,552,845	5,552,845	0
d	Equipment . . . . .	580,640,905	486,363,031	94,277,874
e	Other . . . . .	7,657,991		7,657,991
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			102,206,009

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	-19,354
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	204,591,265

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	387,410,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-12,711,784
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-12,711,784
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	400,121,784
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	30,868
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	2,865,580
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,896,448
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	403,018,232

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	406,734,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	406,734,000
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	30,868
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,936,984
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,967,852
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	408,701,852

**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 2016. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS. CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL.</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	REVENUES IN NET ASSETS WITHOUT DONOR RESTRICTIONS 2,650,529. IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 214,624. ROUNDING 427.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	EXPENSES IN NET ASSETS WITHOUT DONOR RESTRICTIONS 1,722,208. IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 214,624. ROUNDING 152.



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

Schedule I  
(Form 990)

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

OMB No. 1545-0047

2019

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 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 . . . . . ▶ 5
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

**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
COLLEGE OF AMERICAN PATHOLOGISTS 325 WAUKEGAN ROAD NORTHFIELD, IL 60093	36-2118323	501(C)(6)	6,250				PROGRAM SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	42-0680460	501(C)(3)	12,500				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)	5,000				PROGRAM SUPPORT
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 1776 WEST LAKES PKWY STE 400 WEST DES MOINES, IA 50266	42-1411630	501(C)(3)	1,722,208				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
IWLC DBA WOMEN LEAD CHANGE 501 FIRST ST SE SUITE 200 CEDAR RAPIDS, IA 52401	45-2932668	501(C)(3)	68,750				PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVE DES MOINES, IA 50312	42-0759070	501(C)(3)	16,000				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
REYNOLDS-GREGG INAUGURAL COMMITTEE 1601 22ND ST SUITE 400 WEST DES MOINES, IA 50266	83-2673110	501(C)(4)	25,000				EVENT SPONSOR

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization IOWA HEALTH SYSTEM		Employer identification number 42-1435199

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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 on 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	

**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.

**Schedule J (Form 990) 2019**



**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.
PART I, LINES 4A-B	SEVERANCE PAYMENTS: THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS DURING THE YEAR THAT WERE INCLUDED IN THEIR TAXABLE INCOME: DAVID BRANDON \$145,781; RICHARD SEIDLER \$353,269; ARIC SHARP \$324,867. NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS: THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED PLAN: DENNY DRAKE \$363,400; RENEE RASMUSSEN \$354,633; RICHARD SEIDLER \$1,414,713; DEBORAH SIMON \$1,254,580; THEODORE TOWNSEND \$1,228,563. 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: TODD BURCHILL \$3,938; DANIEL CARPENTER \$196,598; KYLE CHRISTIASON, MD \$9,192; STANTON DANIELSON, MD \$19,180; PAMELA DELAGARDELLE \$176,254; MICHAEL DEWERFF \$80,287; DENNY DRAKE \$123,928; SUE ERICKSON \$83,779; MARK JOHNSON \$162,210; KEITH KNEPP, MD \$84,603; MICHELLE NIERMANN \$155,474; ART NIZZA \$232,606; EMILY PORTER \$120,382; RENEE RASMUSSEN \$72,240; SABRA ROSENER \$159,843; RICHARD SEIDLER \$495,179; DEBORAH SIMON \$53,998; DAVID STARK \$180,622; SUSAN THOMPSON \$492,149; THEODORE TOWNSEND \$197,943; KEVIN VERMEER 749,273; DAVID WILLIAMS, MD \$182,012; LYNN WOLD \$92,589.

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				
1KYLE CHRISTIASON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	362,747	42,855	1,304	23,192	24,337	454,435	0
1STANTON DANIELSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	362,220	32,400	9,790	33,180	10,495	448,085	0
2CATHERINE RANHEIM MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	312,667	46,087	651	14,000	3,012	376,417	0
3DANIEL CARPENTER SVP/CFO	(i)	649,853	144,108	49,934	210,598	20,334	1,074,827	0
	(ii)	0	0	0	0	0	0	0
4KEVIN VERMEER PRESIDENT/CEO	(i)	1,342,763	419,951	54,247	781,154	22,584	2,620,699	0
	(ii)	0	0	0	0	0	0	0
5PAMELA DELAGARDELLE PRESIDENT/CEO-WAT	(i)	0	0	0	0	0	0	0
	(ii)	417,574	73,270	49,678	202,207	26,928	769,657	0
6DENNY DRAKE VP GENERAL COUNSEL/CORP CO	(i)	663,680	118,012	425,277	141,149	21,175	1,369,293	363,400
	(ii)	0	0	0	0	0	0	0
7SUSAN ERICKSON PRESIDENT/CEO-WI	(i)	0	0	0	0	0	0	0
	(ii)	471,009	118,809	103,240	137,614	24,199	854,871	0
8MARK JOHNSON VP SUPPLY CHAIN MANAGEMENT	(i)	369,558	68,705	43,983	179,610	21,899	683,755	0
	(ii)	0	0	0	0	0	0	0
9BRIAN JONES VP PAYOR INNOVATION	(i)	361,683	55,671	34,843	16,310	28,229	496,736	0
	(ii)	0	0	0	0	0	0	0
10KEITH KNEPP MD PRESIDENT/CEO-PM (FR 07/19)	(i)	0	0	0	0	0	0	0
	(ii)	523,429	21,337	239,284	103,145	14,934	902,129	0
11KENT LEHR VP STRATEGY & BUSINESS DEVELOPMENT	(i)	361,468	43,577	30,559	17,563	26,944	480,111	0
	(ii)	0	0	0	0	0	0	0
12MICHELLE NIERMANN INTERIM PRES/CEO-DUB (FR 6/18)	(i)	0	0	0	0	0	0	0
	(ii)	471,123	72,555	47,753	169,474	26,867	787,772	0
13ART NIZZA EVP/COO	(i)	796,367	196,165	72,236	252,114	26,495	1,343,377	0
	(ii)	0	0	0	0	0	0	0
14MARY OSBORN VP OF CARE TRANSFORMATION	(i)	374,551	50,901	44,611	17,606	18,525	506,194	0
	(ii)	0	0	0	0	0	0	0
15EMILY PORTER SVP TALENT & MARKETING COMM OFFICER	(i)	459,045	88,509	44,969	136,373	26,022	754,918	0
	(ii)	0	0	0	0	0	0	0
16RICHARD SEIDLER PRESIDENT/CEO-QC (TO 05/19)	(i)	0	0	0	0	0	0	0
	(ii)	193,002	53,900	1,791,870	533,889	14,292	2,586,953	1,414,713
17RENEE RASMUSSEN VP REVENUE CYCLE	(i)	297,868	40,219	390,569	150,879	19,307	898,842	354,633
	(ii)	0	0	0	0	0	0	0
18SABRA ROSENER VP GOVERNMENT RELATIONS	(i)	401,271	52,170	34,571	165,443	25,657	679,112	0
	(ii)	0	0	0	0	0	0	0
19LAURA SMITH VP CHIEF INFORMATION OFFICER	(i)	411,189	46,488	28,989	14,140	18,846	519,652	0
	(ii)	0	0	0	0	0	0	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				
21DEBORAH SIMON PRESIDENT/CEO-PM (TO 07/19)	(i)	0	0	0	0	0	0	0
	(ii)	292,869	54,880	1,621,166	156,440	9,811	2,135,166	1,254,580
1DAVID STARK PRESIDENT/CEO-DSM	(i)	0	0	0	0	0	0	0
	(ii)	551,355	77,093	39,669	200,618	22,136	890,871	0
2SUSAN THOMPSON SVP INT & OPT	(i)	559,203	124,573	62,980	507,155	8,624	1,262,535	0
	(ii)	0	0	0	0	0	0	0
3DAVID WILLIAMS MD CEO-IPCMF & UPH@HOME	(i)	0	0	0	0	0	0	0
	(ii)	566,648	108,178	68,562	205,537	22,322	971,247	0
4LYNN WOLD PRESIDENT/CEO-SC	(i)	0	0	0	0	0	0	0
	(ii)	348,089	53,464	44,533	109,973	27,636	583,695	0
5TODD BURCHILL BUSINESS DEVELOPMENT EXEC DIR	(i)	261,367	51,725	19,376	16,015	27,149	375,632	0
	(ii)	0	0	0	0	0	0	0
6MATTHEW KIRSCHNER VP/TREASURY	(i)	337,490	46,096	34,102	19,705	25,670	463,063	0
	(ii)	0	0	0	0	0	0	0
7WENDY MORTIMORE CHIEF MEDICAL INF OFFICER	(i)	359,592	49,955	12,406	32,782	25,462	480,197	0
	(ii)	0	0	0	0	0	0	0
8ARIC SHARP VP/ACO (TO 02/19)	(i)	50,173	53,484	330,137	-17,888	19,176	435,082	0
	(ii)	0	0	0	0	0	0	0
9JOHN SHEEHAN CHIEF ADMINISTRATIVE OFFICER SVP	(i)	299,198	25,000	55,125	6,062	7,300	392,685	0
	(ii)	0	0	0	0	0	0	0
10DAVID BRANDON FRMR PRESIDENT/CEO-DUB (TO 06/18)	(i)	0	0	0	0	0	0	0
	(ii)	0	32,300	143,768	37,049	7,616	220,733	0
11MIKE DEWERFF SVP CFO- DSM FRMR PRESIDENT/CEO-FD (TO 07/18)	(i)	0	0	0	0	0	0	0
	(ii)	415,489	44,012	68,121	130,345	23,301	681,268	0
12THEODORE TOWNSEND FRMR PRESCEO-CR FRMR INT PRES/CEO-DUB (TO 12/18)	(i)	0	0	0	0	0	0	0
	(ii)	11,491	96,865	1,228,563	269,623	0	1,606,542	1,228,563

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

OMB No. 1545-0047

2019

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 . . . . .			6,160,000		23,655,000		37,450,000	
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 . . . . . ▶								
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 . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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		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.



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

OMB No. 1545-0047

2019

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 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 . . . . .	3,163,683		5,400,000		15,360,000		734,758	
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 . . . . . ▶					0.150 %			
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 . . . . . ▶								
6	Total of lines 4 and 5 . . . . .					0.150 %			
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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		X	

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

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

OMB No. 1545-0047

2019

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	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 . . . . .				4,030,000				1,800,000			
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .				X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 . . . . . ▶			0.300 %		0.730 %			
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 . . . . . ▶								
6	Total of lines 4 and 5 . . . . .			0.300 %		0.730 %			
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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).

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-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	141,249	EMPLOYMENT		No
(2) CHAD BAEDKE	FAMILY MEMBER OF KEY EMPLOYEE SUSAN THOMPSON	122,552	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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 2	EMILY PORTER; KENT LEHR; FAMILY RELATIONSHIP

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

**990 Schedule O, Supplemental Information**

Return 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") CONDUCT S A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S O FFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS REV IEW 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 SIMILAR LY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE O F A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION A ND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRES UMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFO RMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVIC ES 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 PHILOSOPH Y, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE T OP EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING OR GANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH TH E 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 I NCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF AL L 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 COMPENSATI ON AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958. THE REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2019 FOR THE FOLLOWING INDIVIDUALS: DANIEL CARPENTER, PAMELA DELAGARDELLE, MI CHAEL DEWERFF, DENNIS DRAKE, SUSAN ERICKSON, MARK JOHNSON, BRIAN JONES, MATTHEW KIRSCHNER, KEITH KNEPP, KENT LEHR, WENDY MORTIMORE, MICHELLE NIERMANN, ART NIZZA, MARY ANN OSBORN, E MILY PORTER, RENEE RASMUSSEN, SABRA ROSENER, JOHN SHEEHAN, LAURA SMITH, DAVID STARK, SUSAN THOMPSON, KEVIN VERMEER, DAVID WILLIAMS, 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 S IMILARLY QUALIFED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGAN IZATIONS. COMPENSATION AND BEN</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.

## 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, <a href="http://WWW.UNITYPOINT.ORG">WWW.UNITYPOINT.ORG</a> .

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	COLLECTION FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 4,659,959. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,659,959. CONSULTING FEES: PROGRAM SERVICE EXPENSES 4,185,316. MANAGEMENT AND GENERAL EXPENSES 10,615,142. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,800,458. EQUIPMENT REPAIRS: PROGRAM SERVICE EXPENSES 39,546. MANAGEMENT AND GENERAL EXPENSES 1,970. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 41,516. MISC PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 27,960,887. MANAGEMENT AND GENERAL EXPENSES 4,781,462. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,742,349. PRINTING SERVICES: PROGRAM SERVICE EXPENSES 43,590. MANAGEMENT AND GENERAL EXPENSES 99,492. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 143,082. SERVICE MAINTENANCE CONTRACTS: PROGRAM SERVICE EXPENSES 69,257,157. MANAGEMENT AND GENERAL EXPENSES 3,865,435. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 73,122,592. SOFTWARE & SOFTWARE MAINTENANCE: PROGRAM SERVICE EXPENSES 7,086,095. MANAGEMENT AND GENERAL EXPENSES 5,364,519. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,450,614. TRANSCRIPTION SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 87,479. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 87,479. HEALTHCARE PROFESSIONALS : PROGRAM SERVICE EXPENSES 15. MANAGEMENT AND GENERAL EXPENSES 723. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 738. PURCHASED HOUSEKEEPING AND LAUNDRY : PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 16,715. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,715.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	FUND BALANCE TRANSFERS -1,181,122.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
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	30,621,406	79,671,712	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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l Yes

1m Yes

1n Yes

1o

No

1p Yes

1q

No

1r Yes

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

Schedule R (Form 990) 2019

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

[illegible]



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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 42-1435199  
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	
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	
210 FOURTH AVENUE GRINNELL, IA 50112 42-1454737	CHARITABLE FUNDRAISING	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
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	
600 FAYETTE PO BOX 1346 PEORIA, IL 61654 37-1004882	MENTAL HEALTH CARE	IL	501(C)(3)	170(B)(1) (A)(VI)	UNITYPOINT HEALTH - UNITYPLACE	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	
1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1435199	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III		Yes	
1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 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	
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	
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	
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	

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
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	
1900 SPRING ROAD STE 300 OAK BROOK, IL 60523 26-1755679	MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES	IL	501(C)(3)	170(B)(1) (A)(VI)	TAZWOOD MENTAL HEALTH CENTER 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	METHODIST HEALTH SERVICES CORPORATION	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	
1200 TRI VIEW AVE 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	
3248 VANDEVER AVE PEKIN, IL 61554 37-1278969	MENTAL HEALTH CARE	IL	501(C)(3)	170(B)(1) (A)(VI)	UNITYPOINT HEALTH - UNITYPLACE	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	
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	

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 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	
221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 83-4051901	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION	Yes	
1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 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
ABBE MANAGEMENT CORPORATION 740 N 15TH AVE NO A HIAWATHA, IA 52233 42-1361755	MANAGEMENT SERVICES	IA	N/A	C				Yes	
BELCREST SERVICES LTD 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1196307	MEDICAL SERVICES	IL	N/A	C				Yes	
BROADBAND INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-3819741	INFORMATION TECHNOLOGY MGMT.	IA	IOWA HEALTH SYSTEM	C	28,016	11,368,103	100.000 %	Yes	
DELHI POINT CONDO ASSOCIATION 350 N GRANDVIEW DUBUQUE, IA 52001 42-1467002	REAL ESTATE MANAGEMENT	IA	N/A	C				Yes	
HCP CORPORATION 202 SOUTH PARK STREET MADISON, WI 53715 39-1177562	REAL ESTATE RENTAL	WI	N/A	C				Yes	
HANSEN CHARITABLE REMAINDER ANNUITY TRUST 210 FOURTH AVENUE GRINNELL, IA 50112 39-6770806	INVESTMENT	IA	N/A	T				Yes	
HANSEN CHARITABLE REMAINDER UNITRUST 210 FOURTH AVENUE GRINNELL, IA 50112 39-6770807	INVESTMENT	IA	N/A	T				Yes	
HEALTH ADVANTAGE PLUS INC 210 4TH AVENUE GRINNELL, IA 50112 42-1436490	PHYSICAL THERAPY	IA	N/A	C				Yes	
HEALTH PLUS INC 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1295532	MANAGED CARE ADMINISTRATION	IL	N/A	C				Yes	
HNC SERVICES 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-0987243	FIBER OPTIC NETWORK SERVICES	IA	IOWA HEALTH SYSTEM	C	441,965	1,216,494	100.000 %	Yes	
HOME HEALTH PLUS SERVICES INC PO BOX 87 PEORIA, IL 61650 36-4053068	HOME HEALTH SERVICES	IL	N/A	C				Yes	
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	
MARIGOLD CITY LAND TRUST NO ONE 2956 COURT STREET PEKIN, IL 61554 27-2750273	PROPERTY MANAGEMENT	IL	N/A	T				Yes	
MEDIMORE INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1414390	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C	1,329,025	96,181	100.000 %	Yes	
MERITER HEALTH ENTERPRISES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1293620	MANAGEMENT SERVICES	WI	N/A	C				Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MERITER MANAGEMENT SERVICES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1458235	ADMINISTRATIVE SERVICES	WI	N/A	C				Yes	
METHODIST HEALTH VENTURES INC PO BOX 87 PEORIA, IL 61650 37-1140939	PHARMACY/OFFICE STAFFING	IL	N/A	C				Yes	
OPTIMUM HEALTH SOLUTIONS INC 221 NORTHEAST GLEN OAK AVE PEORIA, IL 61636 20-5430137	HEALTH & WELLNESS CONSULTING	IA	N/A	C				Yes	
PEKIN PROHEALTH INC 600 SOUTH 13TH STREET PEKIN, IL 61554 37-1117052	CLINIC	IL	N/A	C				Yes	
PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 37-1288604	MANAGED MENTAL CARE	IA	N/A	C				Yes	
PROVIDER RESOURCE MANAGEMENT INC PO BOX 87 PEORIA, IL 61650 37-1223550	RESOURCE MANAGEMENT	IL	N/A	C				Yes	
STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA 52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	N/A	C				Yes	
TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL 61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	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
ALLEN MEMORIAL HOSPITAL CORPORATION	A	3,672,477	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	B	137,954	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	C	137,954	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	L	13,959,464	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	N	2,185,052	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	P	3,715,007	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	R	1,095,238	BASED ON GAAP, CASH, AND/OR FMV.
ALLEN MEMORIAL HOSPITAL CORPORATION	S	17,855,471	BASED ON GAAP, CASH, AND/OR FMV.
BROADBAND INC	L	10,659,651	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	A	5,776,334	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	B	270,264	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	C	270,264	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	L	41,998,484	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	N	9,391,804	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	P	9,278,128	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	R	3,711,090	BASED ON GAAP, CASH, AND/OR FMV.
CENTRAL IOWA HOSPITAL CORPORATION	S	36,288,748	BASED ON GAAP, CASH, AND/OR FMV.
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC	M	2,484,747	BASED ON GAAP, CASH, AND/OR FMV.
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	L	23,271,160	BASED ON GAAP, CASH, AND/OR FMV.
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	N	4,272,742	BASED ON GAAP, CASH, AND/OR FMV.
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	P	6,096,959	BASED ON GAAP, CASH, AND/OR FMV.
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	R	705,943	BASED ON GAAP, CASH, AND/OR FMV.
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	S	22,745,623	BASED ON GAAP, CASH, AND/OR FMV.
KEOKUK AREA HOSPITAL	A	594,072	BASED ON GAAP, CASH, AND/OR FMV.
KEOKUK AREA HOSPITAL	L	100,796	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
KEOKUK AREA HOSPITAL	N	95,841	BASED ON GAAP, CASH, AND/OR FMV.
KEOKUK AREA HOSPITAL	S	842,431	BASED ON GAAP, CASH, AND/OR FMV.
MEDICAL LABORATORIES OF EASTERN IOWA LC	L	391,100	BASED ON GAAP, CASH, AND/OR FMV.
MEDICAL LABORATORIES OF EASTERN IOWA LC	S	422,823	BASED ON GAAP, CASH, AND/OR FMV.
MEDIMORE INC	B	1,312,756	BASED ON GAAP, CASH, AND/OR FMV.
MEDIMORE INC	L	64,745	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	A	7,921,928	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	B	154,002	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	C	154,002	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	L	21,201,399	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	N	3,155,076	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	P	5,315,247	BASED ON GAAP, CASH, AND/OR FMV.
MERITER HOSPITAL INC	S	20,193,983	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	A	4,478,388	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	B	246,979	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	C	246,979	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	L	19,738,097	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	N	4,227,238	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	P	6,770,857	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	R	403,312	BASED ON GAAP, CASH, AND/OR FMV.
METHODIST MEDICAL CENTER OF ILLINOIS	S	17,157,709	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	A	1,839,873	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	B	231,804	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	C	231,804	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	L	9,851,450	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
NORTHWEST IOWA HOSPITAL CORPORATION	N	1,231,813	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	P	2,076,201	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	R	994,208	BASED ON GAAP, CASH, AND/OR FMV.
NORTHWEST IOWA HOSPITAL CORPORATION	S	15,970,561	BASED ON GAAP, CASH, AND/OR FMV.
PARK COURT LIMITED	S	404,971	BASED ON GAAP, CASH, AND/OR FMV.
PEKIN MEMORIAL HOSPITAL	A	686,651	BASED ON GAAP, CASH, AND/OR FMV.
PEKIN MEMORIAL HOSPITAL	L	2,900,007	BASED ON GAAP, CASH, AND/OR FMV.
PEKIN MEMORIAL HOSPITAL	S	3,896,485	BASED ON GAAP, CASH, AND/OR FMV.
PROCTOR HOSPITAL	A	663,781	BASED ON GAAP, CASH, AND/OR FMV.
PROCTOR HOSPITAL	L	6,982,042	BASED ON GAAP, CASH, AND/OR FMV.
PROCTOR HOSPITAL	S	6,795,816	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	A	4,108,644	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	B	236,218	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	C	236,218	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	L	19,319,112	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	N	3,391,489	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	P	4,698,364	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	R	1,737,954	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'S METHODIST HOSPITAL	S	18,366,134	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'SJONES REGIONAL MEDICAL CENTER	L	1,745,810	BASED ON GAAP, CASH, AND/OR FMV.
ST LUKE'SJONES REGIONAL MEDICAL CENTER	S	1,134,803	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	A	1,164,241	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	B	65,757	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	C	65,757	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	L	6,305,565	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
THE FINLEY HOSPITAL	N	806,559	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	P	1,340,928	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	R	457,473	BASED ON GAAP, CASH, AND/OR FMV.
THE FINLEY HOSPITAL	S	6,275,415	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	A	6,790,187	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	B	299,292	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	C	299,292	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	L	24,620,180	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	N	3,107,230	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	P	5,423,408	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	R	1,952,532	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY MEDICAL CENTER	S	26,063,770	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	A	840,853	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	B	79,938	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	C	79,938	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	L	7,136,967	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	N	964,660	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	P	1,556,468	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	R	547,336	BASED ON GAAP, CASH, AND/OR FMV.
TRINITY REGIONAL MEDICAL CENTER	S	7,201,693	BASED ON GAAP, CASH, AND/OR FMV.
UNITY HEALTHCARE	A	741,803	BASED ON GAAP, CASH, AND/OR FMV.
UNITY HEALTHCARE	S	991,828	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT AT HOME	L	6,747,278	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT AT HOME	N	1,395,746	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT AT HOME	P	1,107,816	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
UNITYPOINT AT HOME	R	394,914	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT AT HOME	S	3,292,873	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT HEALTH-MARSHALLTOWN	A	1,906,413	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT HEALTH-MARSHALLTOWN	L	1,939,186	BASED ON GAAP, CASH, AND/OR FMV.
UNITYPOINT HEALTH-MARSHALLTOWN	S	1,677,606	BASED ON GAAP, CASH, AND/OR FMV.