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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9						
	eck if ap			C Name of organization	_		D Employer id	entification number				
_	dress cha		Please use IRS	MERCY HEALTH SERVICES - IOWA CORP			31-13730	31-1373080				
_	me chan	-	label or print or	Doing Business As			E Telephone n					
_		-	type. See	SEE SCHEDULE O FOR LIST			(248) 489-	(248) 489-5004				
Init —	tial retur	'n	Specific Instruc-	Number and street (or P O box if mail is 1000 4TH STREET SW	not delivered to street addre	ess) Room/s	uuto	ots \$ 628,508,982				
Tei	mınatıoı	n	tions.	1000 4TH STREET SW								
- Am	ended r	eturn		City or town, state or country, and ZIP +	4							
– Apı	plication	pending		MASON CITY, IA 50401								
			F Nar	ne and address of Principal Officer		Wa\ 1		f				
				BOSSCHER		1	this a group retur filiates?	Yes V No				
				CABOT DRIVE				,				
. та	y-oyom	pt status		MI 48377 ((3) ◀ (insert no)		` '	e all affiliates includ	, ,				
. та	x-exem	pt status	J♥ 501(C	(1) (1) (insert no) 4947(a)(1) or	527	7 .		t See instructions)				
W	eb site	e: 🕨 www	w trinity-he	alth org		H(c) G	roup Exemption N	umber 🟲				
			_			<u> </u>						
🕻 Тур	e of org	anızatıon	✓ Corporat	ion		L Year o	f Formation 1993	State of legal domicile DE				
Pa	rt I	Sumi	mary									
	1	Briefly	describe th	e organization's mission or most sig	nıfıcant actıvıtıes							
υ.		HEALT	H CARE SE	RVICES								
₹												
<u> </u>												
sovemance	2	Check t	his box	if the organization discontinued its o	operations or disposed o	of more tha	ın 25% of its asse	ts				
5			•	nembers of the governing body (Part				5				
				ident voting members of the governi				4				
ß						o)		<u> </u>				
Ę				nployees (Part V, line 2a)			5	6,109 879				
ACUMINES &				lunteers (estimate if necessary) .			6					
•		_		ted business revenue from Part VIII		• •		30,509,978				
	Ь	Net unr	elated busi	ness taxable income from Form 990	I-T, line 34		7b	0				
							Prior Year	Current Year				
a)	8	Contri	butions and	d grants (Part VIII, line 1h)			5,875,008	3,195,715				
	9	Progra	m service	revenue (Part VIII, line 2g)			526,089,353	579,796,334				
Revenu	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4	, and 7d)		2,861,529	-12,650,068				
ά	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c		76,045,333	38,501,608					
	12	Totalı	evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lın	е						
		12)					610,871,223	608,843,589				
	13			ar amounts paid (Part IX, column (A)			705,248	781,680				
	14	Benefi	ts paid to c	r for members (Part IX, column (A),	line 4)			0				
ø	15		es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –	283,468,181	279,784,556				
95. 13.	1.5-	10)			- 44-)		203,400,101	2/9,/04,330				
Expenses	16a			raising fees (Part IX, column (A), lin	•			0				
ठ	b	•	-	penses, Part IX, column (D), line 25 <u>650,111</u>	,							
	17	Other	expenses	(Part IX, column (A), lines 11a–11d	, 11f-24f)		293,287,998	327,586,108				
	18	Total	expenses—	add lines 13–17 (must equal Part I)	X, line 25, column (A))		577,461,427	608,152,344				
	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		33,409,796	691,245				
ୁନ୍ଦ ଜୁନ						Beg	inning of Year	End of Year				
9.44 4.48 4.48 4.48	20	Total	assets (Pai	t X, line 16)			732,032,089	678,951,558				
₹ <u>=</u>	21	Totall	ıabılıtıes (F	Part X, line 26)			286,005,214	278,931,106				
net Assets of Fund Bafances	22			d balances Subtract line 21 from lir	ne 20		446,026,875	400,020,452				
_	1311		ature Blo		10 20		770,020,075	400,020,432				
Ра	LC III							*h- ht -f ll				
				erjury, I declare that I have examined this re correct, and complete Declaration of prepare								
Plea	ise	l L	·		•	2		-				
Sigr		Sign	ature of office	er			Pate					
Here	е	- 1ДМ I	ES BOSSCHER	TREASURER								
			or print nam									
		De	- L		Date	Check If	Prenarer's DTIM	(See Gen Inst)				
)_! -!		Preparer signature				self-	_ '	(OCC OCH THAT)				
Paid						empolyed 🕨	ı					
	arer's		ame (or your nployed),				EIN 🕨					
Jse (Only		and ZIP + 4	r —			_					
							Phone no 🕨					
4 2 4 .	tha IDS	E discus	c this ratu	rn with the preparer shown above? (9	Coo instructions \		1	Tyes TNo				

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's i HEALTH CARE SERVICES - SEE SC		DN		
2	the prior Form 990 or 990-		services during the year wh		Yes 🔽 No
3	If "Yes," describe these ne	w services on Schedule O conducting or make signific	ant changes in how it condu	cts any program	
•	services?		· · · · · · · · · · · · ·		Yes 🔽 No
4	If "Yes," describe these cha	anges on Schedule O use achievements for each of	f the organization's three lar.	gest program services by e	ynansas
	Section 501(c)(3) and (4)	organizations and 4947(a)(1 and revenue, if any, for each	L) trusts are required to repo		
4a	MERCY HEALTH SERVICES-IOWA SERVICES TO THEIR COMMUNIT	(Expenses \$ 529,200,72 A, CORP OPERATED FOUR HOSPIT TIES THE MISSION STATEMENT OF GOSPELTO HEAL BODY, MIND, AND	TAL DIVISIONS IN THE STATE OF IC F MERCY HEALTH SERVICES-IOWA	CORP IS AS FOLLOWS WE SERVE	TOGETHER IN TRINITY
4b	(Code)	(Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services((Describe in Schedule O)			
	(Expenses \$	including grants	s of \$) (Revenue \$)
4e	Total program service exp	penses \$ 529,200,	721 Must equal Part IX, Lir	ne 25, column (B).	

Part IV	Chec	klist o	f Reauire	d S	chedule	5

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	1/ · · · · · · · · · · · · · · · · · · ·	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI **			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	744		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
_	gaming (gambling) winnings to prize winners?	<u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	,109		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit.			
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or o			
	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	. 7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, hexcess business holdings at any time during the year?	ave 8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4 4	Section FO1 (c)(12) organizations. Enter			
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

9Ь

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,
3	Enter the number of voting members of the governing body	1a	į
Ь	Enter the number of voting members that are independent	1b	4

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters,

must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or 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

1a	Enter the number of voting members of the governing body	1a				5	<u> </u>		
Ь	Enter the number of voting members that are independent	1b				4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co						. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?								Νo
6	Does the organization have members or stockholders?						6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?						7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r othe	rpers	ons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	nderta	iken d	urıng	the			
а	the governing body?						8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?						8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?						9a		Νo

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		100		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BETH GDOWIK 27870 CABOT DRIVE NOVI,MI 483772920 (248) 489-5004

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) A verage hours per week	Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							_				

Part VII Continued

			(i tion that a			II			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1	\vdash						
1b Total			<u>. </u>	Ш.			>	2,558,169	17,644,369	3,738,011

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►204

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED CLINICAL LABORATORIES 205 BLUFF STREET DUBUQUE, IA 52001	LABORATORY SERVICES	4,668,226
MILLER PURCELL INC 1920 ELM STREET DUBUQUE, IA 52001	MANAGEMENT SERVICES	4,304,822
AIR METHODS CORPORATION PO BOX 676592 DALLAS, TX 75267	AIR AMBULANCE SVCS	2,581,439
SIOUXLAND PATHOLOGY ASSOCIATES PC 606 E SAWGRASS TRAIL DAKOTA DUNES, SD 57049	LABORATORY SERVICES	2,564,775
MASON CITY CLINIC PC 250 S CRESCENT DRIVE MASON CITY, IA 50401	MEDICAL SERVICES	2,229,433
Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	82

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512 513 or 514
	1a	Federated can	npaigns 1a			Revenue		512, 513, or 514
nts ots	ь	Membership d	ues					
gra iou	С	Fundraising	1b /ents					
ts, am	`	runuraising ev	rents 1c					
gř Nar	d	_	izations1d	1,657,558				
S, E	е	_	nts (contributions) 1e		ļ	ļ	ļ	
黃黃	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	529,088				
Contributions, gifts, grants and other similar amounts	g	Noncash cont	1f rıbutıons ıncluded ın					
Son	9	lines 1a-1f \$						
•	h	Total (Add line	es 1a-1f)		3,195,715			
				Business Code				
Program Service Revenue	2a	NET PATIENT SVC		900,099	537,486,981	537,486,981		
Fe s	Ь	PHARMACY REVE		446,110	39,400,200		26,517,519	12,882,681
93	C	LABORATORY REV	/ENUE	621,500	2,909,153		2,909,153	
Ker.v	d							
E E	e f	^ II other progr						
ยเบิด	'	All other progr	ram service revenue					
Ğ	g	Total. Add line ► \$ 579,796,3	es 2a-2f					
	3		34 come (including divi	dends, interest				
			imounts)	•	4,557,434			4,557,434
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5			•				
	3	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	1,681,655	(,				
	ь	Less rental expenses	2,322,254					
	С	Rental income or (loss)	-640,599					
	d		ome or (loss)		-640,599			-640,599
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	. ,	135,270				
		assets other than inventory						
	ь	Less cost or	16,878,875	463,897				
		other basis and sales expenses	46.070.075	222 627				
	c d	Gain or (loss) Net gain or (lo	-16,878,875	-328,627	-17,207,502			-17,207,502
				. ▶	21,221,032			
	8a	Gross income events (not inc	from fundraising cluding					
άu		\$						
in La		of contribution 1c) See Part 1	ns reported on line IV, line 18					
eve:		Attach Schedul	e G ıf total exceeds					
Ŧ.	ь							
Other Revenue	c		(loss) from fundrais	ng events				
0	9a	Gross income	from gaming	P				
		activities See	part IV , line 19					
		Complete Schedexceeds \$15,00						
			а	9,320				
	Ь		xpensesb	367	8,953			8,953
	С	Net income or	(loss) from gaming a	ctivities •	0,333			0,933
	10a	Gross sales of returns and all	f inventory, less		T			
		recums and all	a					
	b	Less cost of	goods sold b					
	С		(loss) from sales of					
	11-	Miscellaneou		Business Code 900,099	36,078,772	34,995,466	1,083,306	
	11a	OTHER REVE		900,099	36,078,772	J+,555,400	1,003,306	3,054,482
	b c	CAFETERIA R	KE V EIN U E	300,033	3,031,102			3,031,102
						+		
	d e	All other rever						
				\$ 39,133,254				
	12	Total Revenue	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	608,843,589	572,482,447	30,509,978	2,655,449
			1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	781,680	781,680		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,270,840		6,270,840	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	80,378	80,378		
7	Other salaries and wages	225,828,443	198,374,660		410,302
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,795,399	7,068,321	727,078	
9	Other employee benefits	23,566,440	20,455,667	3,051,783	58,990
10	Payroll taxes	16,243,056	13,927,080	2,286,051	29,925
11	Fees for services (non-employees)				
а	Management	1,154,593		1,154,593	
ь	Legal	791,036		790,871	165
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	38,240,179	32,770,676	5,379,122	90,381
12	Advertising and promotion	1,559,864	1,338,206	219,659	1,999
13	Office expenses	139,263,221	119,588,178	19,629,724	45,319
14	Information technology	23,766,427	20,415,361	3,351,066	
15	Royalties				
16	Occupancy	11,946,668	11,347,466	597,235	1,967
17	Travel	1,386,525	1,187,218	194,875	4,432
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	158,166	135,865	22,301	
20	Interest	7,866,545	7,866,545		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,876,020	34,082,163	1,793,798	59
23	Insurance	1,140,298	1,083,283	57,015	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BAD DEBT	24,538,881	24,538,881		
b	CONTRACT LABOR	17,717,888	15,219,666	2,498,222	
c	INTERCO PURCHASED SVCS	10,612,211	9,115,889	1,496,322	
_	EQUIPMENT MAINTENANCE	7,528,231	6,466,280	1,061,403	548
	UBI TAXES	125,000	,,	125,000	
f	All other expenses	3,914,355	3,357,258	551,073	6,024
25	Total functional expenses. Add lines 1 through 24f	608,152,344	529,200,721	78,301,512	650,111
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,		rm 990 (2008)

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,911,935	1	7,328,259
	2	Savings and temporary cash investments		96,097	2	96,405	
	3	Pledges and grants receivable, net			604,790	3	618
	4	Accounts receivable, net			70,809,063	4	65,348,782
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		employees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			2,664,543	7	2,599,088
	8	Inventories for sale or use			13,198,113	8	14,319,017
92	9	Prepaid expenses and deferred charges			2,024,479	9	2,025,266
ĕ	10a						
Assets	_	Land, buildings, and equipment cost basis	10a	480,566,987	_		
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	315,392,504	173,162,487	10c	165,174,483
	11	Investments—publicly traded securities			141,528,470		132,181,064
	12	Investments—other securities See Part IV, line 11 Complete Pa	art VII	of	122,025,704	12	101,611,702
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D.	I		13		
	14	Intangible assets			1,276,680	14	1,216,680
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		196,729,728	15	187,050,194	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			732,032,089		678,951,558
	17	Accounts payable and accrued expenses .	60,275,927	17	58,684,483		
	18	Grants payable			18		
	19	Deferred revenue			159,789	19	96,094
	20	Tax-exempt bond liabilities				20	
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
3		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		225,569,498	25	220,150,529	
	26	Total liabilities. Add lines 17 through 25			286,005,214	26	278,931,106
S & S		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	let e li	nes 27			
aní	27	Unrestricted net assets			441,878,164	27	399,768,703
Balance	28	Temporarily restricted net assets			3,677,446	28	156,749
둳	29	Permanently restricted net assets		471,265	29	95,000	
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	plete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances		446,026,875	33	400,020,452	
_	34	Total liabilities and net assets/fund balances			732,032,089	34	678,951,558
		Financial Statements and Departure					
Рa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	• Were the organization's financial statements audited by an independent accountant?			
С	If "Yes" to lines 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?	2c		
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493137011240

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		TH SERVICES -	IOWA CORP						pioyer ide		. namboi		
									-137308				
	rt I			harity Status (to be co					Instruct	ions)			
	organı		-	ation because it is (Please		-		•					
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).											
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	ļ									nter the			
	_	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	ı				r universit	y owned o	r operated	by a gove	ernmental	unit desc	ribed in		
	_			(Complete Part II)									
6	<u> </u>	•	· -	overnment or governmental									
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral public		
	_		-)(1)(A)(vi) (Complete Par	•								
8	<u> </u>		•	oed in Section 170(b)(1)(A)		•	-						
9	ı			ally receives (1) more than									
		•		lated to its exempt functions	-		•	, ,	•				
			its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
	_			on after June 30, 1975 See									
10	<u> </u>	_	=	and operated exclusively to	-		-				•		
11	J	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 that describes the type of supporting organization and complete lines 11e through 11h											
		a Type I b Type III c Type III - Functionally Integrated d Type III - Other											
e	Γ	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contr	olled direc	tly or ındı	rectly by	one or mo	re dısqual	ıfıed persons		
				agers and other than one or	more pub	licly supp	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or		
f		section 50		d a written determination fro	om the IRS	S that it is	a Tyne I	Tyne II o	r Tyna III	sunnortir	na organization		
•		check this		a a written determination ne	Jili tile IIX.	o that it is	u Type I,	1 9 9 6 11 0	i i ype iii	Зарроги			
g		_		as the organization accepte	d any gıft	or contrib	utıon from	any of the	<u> </u>				
		following pe			-1		.		J ()		[]		
				r indirectly controls, either			tn persons	s aescribe	a in (ii)		Yes No		
				ng body of the the supported	-	ition				11g			
			•	erson described in (i) above		h				11g(
L		(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports											
h		Provide the	e lollowing infor	nation about the organization	ons the org	ganization	supports						
	(i) N:	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	Is the	(v) Did v	ou notify	(vi) 1	s the	(vii) A mount of		
		orted	(11) 2111	(described on lines 1-9		zation in		anization		ation in	support?		
		nization		above or IRC section		listed in	ın col (i	i) of your	col (i) c	organized			
				(See Instructions))		verning	sup	port?	ın the	US?			
						ment?	<u> </u>	T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-		
					Yes	No	Yes	No	Yes	No	 		
					-		-	 					
					-			-			 		
					-								

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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 tion analyzated "Vac " to Form 000 Part IV Line & (Provide Tax)

	_	1(c)(4), (5), or (6) organi	zations complete Part III	(<i></i>			
		ne organization LTH SERVICES - IOWA CORP			Employer ide	entification numb	er
					31-1373080		
Par	t I-A		y all organizations exemple the instructions for Schedul		n 501(c) and sectior	า 527	
1	Provid	de a description of the org	ganization's direct and indirect po	litical campaign act	ivities in Part IV		
2	Politic	cal expenditures				\$	
3	Volun	teer hours					
Par	t I-B	To be completed be for Schedule C for de	y all organizations exempetalls.)	ot under section	501(c)(3). (See the	e instructions	
1	Enter	the amount of any excise	tax incurred by the organization	under section 4955		\$	
2	Enter	the amount of any excise	e tax incurred by organization mar	nagers under section	1 4955	\$	
3	Ifthe	organization incurred in a	a section 4955 tax, did it file Forn	n 4720 for this year	?	☐ Yes	☐ No
4a	Was a	correction made?				☐ Yes	☐ No
b	If"Ye	s," describe in Part IV					
Par	t I-C		y all organizations exemptor Schedule C for details.)	ot under section	1 501(c), except sec	tion 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 internal funds contributed to other organizations for section \$						
3		of direct and indirect exe -POL, line 17b	mpt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$	
4	Dıd th	e filing organization file F	orm 1120-POL for this year?			☐ Yes	☐ No
5	were r politic	made Enter the amount p al contributions received	nd Employer Identification Numbe vaid and indicate if the amount was d and promptly and directly delive iction committee (PAC) If addition	s paid from the filing red to a separate po	organization's own intern litical organization, such	al funds or were as a separate	
		(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	contribution	s received otly and vered to a political i If none,
						+	

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?						┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	1)	(b)
		Yes	No	A mount
-	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			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		90,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		50,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			140,000
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
ET	+ To be completed by all organizations exempt under section $501(c)(4)$ so	ction	501/6	\/5\ or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

art II-B, Line 11	Explanation of Other Lobbying Activities	LOBBYING ACTIVITY INCLUDED THE USE OF VOLUNTEERS ENCOURAGED TO WRITE LETTERS TO PUBLIC OFFICIALS AND THE USE OF PAID STAFF MEMBERS AND MANAGEMENT PERSONNEL MANAGEMENT PERSONNEL REGULARLY ISSUE MAILINGS TO LEGISLATORS ATTEMPTING TO INFLUENCE LEGISLATIVE MATTERS AND REFERENDUM, AND ORGANIZE AND HOST MEETINGS AMONG HOSPITAL EXECUTIVES AND THEIR LEGISLATORS PAID STAFF MEMBERS HAVE ON LIMITED OCCASIONS, WRITTEN LETTERS TO LEGISLATORS MERCY HEALTH SERVICES - IOWA, CORP (MHS-IA) HAS MADE
		GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS THESE ORGANIZATIONS HAVE PROVIDED MHS-IA WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS THAT ARE USED FOR LOBBYING ACTIVITIES SIMILARLY, THESE HEALTH CARE ORGANIZATIONS WILL ARRANGE CONFERENCES AND SEMINARS FOR MEMBER ORGANIZATIONS AND THEIR EXECUTIVES THAT WILL INVOLVE LEGISLATORS OR OTHER POLITICAL FIGURES AS GUEST SPEAKERS FEDERAL ADVOCACY PRIORITIES FOR FY09 INCLUDED SECURING COVERAGE AND ACCESS FOR ALL, ACHIEVING BETTER AND MORE EFFICIENT CARE, AND SAFEGUARDING HOSPITAL CAPABILITY TO IMPROVE COMMUNITY AND ECONOMIC HEALTH

Part IV Supplemental I	nformation				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** MERCY HEALTH SERVICES - IOWA CORP 31-1373080 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	90, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	or advised Yes No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?				
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating the protection of natural habitat	ion or pleasure)	historically importantly land area		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservation easement		
			Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
C	Number of conservation easements on a certified hi	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during				
	the taxable year 🕨				
4	Number of states where property subject to conserva	ation easement is located 🕨			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, viola	ations, and Yes No		
6	Chaff and all the control of the con	-k d6 d d kh -			
7	A mount of expenses incurred in monitoring, inspecti		•		
8	Does each conservation easement reported on line 2	3,	'		
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		Г Yes		
9	In Part XIV, 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				
Par	Complete if the organization answered		or Other Similar Assets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	· · · · · · · · · · · · · · · · · · ·		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, histological following amounts required to be reported under SFA		or financial gain, provide the		
a	Revenues included in Form 990, Part VIII, line 1		▶ \$		
ь	Assets included in Form 990, Part X		► \$		

<u>ar</u>	Organizations Maintaining Collections of Art,	His	tori	<u>cal Treas</u>	<u>ures, or Othe</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ie foll	owing that a	re a significant u	se of its col	lection	1	
а	Public exhibition	d	\vdash	Loan or ex	change programs				
ь	Scholarly research	e	Γ	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	n hov	v the y	further the	organization's ex	cempt purpo	se in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p					nılar	Г	Yes	┌ No
Pai	Trust, Escrow and Custodial Arrangements. (Part IV, line 9, or reported an amount on Form 99)				anızatıon answ	ered "Yes'	' to Fo	orm 99) 0,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	dıary	for c	ontributions	or other assets 1	not	\vdash	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table	е							
							A mou	ınt	
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization								
	(a)Current Year	(b)	Prior \	'ear (c) T	wo Years Back (d)	Three Years Ba	ick (e)Four Ye	ears Back
La	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance held a	s							
а	Board designated or quasi-endowment								
ь	Permanent endowment • 100 000 %								
c	Term endowment 🏲								
3a	Are there endowment funds not in the possession of the organiza	tion 1	that a	re held and	administered for	the			
	organization by					_		Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required						3b	Yes	
1	Describe in Part XIV the intended uses of the organization's end				N				
7 61	t VI Investments—Land, Buildings, and Equipmen	it. S		<u>, </u>	<i>'</i>				
	Description of investment			Cost or other (investment)	(b) Cost or other basis (other)	(c) Deprecia	tion	(d) Boo	ok value
la	Land				10,714,886			10	0,714,886
	Buildings	•			274,299,952	180,774	,567	93	3,525,385
c	Leasehold improvements								
d	Equipment				182,688,768	134,307	,563	48	8,381,205
е	Other	•			12,863,381	310	,374	12	2,553,007

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other ABSOLUTE RETURN STRATEGY FUNDS	22,674,982		F
Other COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	78,936,720		F
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	101,611,702		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri	ption		(b) Book value
OTHER RECEIVABLES			10,677,312
INTERCOMPANY ACCOUNTS RECEIVABLE			1,484,590
INVESTMENT IN AFFILIATES			132,066,173
OTHER ASSETS			4,052,604
INTERCOMPANY OTHER LT ASSETS			38,769,515
Total. (Column (b) should equal Form 990, Part X, col.(B) line	•		187,050,194
(a) Description of Liability	(, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
INTERCOMPANY ACCOUNTS PAYABLE	4,409,598		
DEFERRED COMPENSATION	9,286,307		
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	2,867,223		
INTERCOMPANY NOTES PAYABLE	200,843,945		
OTHER LIABILITIES	2,743,456		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	220,150,529		

2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficity for the year Subtract line 2 from line 1 3 Canada Services and use of facilities 5 Donated services and use of facilities 6 Investment expenses 6 Other (Describe in Part XIV) 7 Pror period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 8 Other (Describe in Part XIV) 10 Excess or (deficity) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gams, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements 1 1 Total revenue, gams, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 2b b Donated services and use of facilities 2 2b c Recoveries of prory year grants 2 2c d Other (Describe in Part XIV) c Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 12 b Other (Describe in Part XIV) c Add lines 4a and 4b C Total expenses and losses per audited financial statements 3 3 C Total expenses and losses per audited financial statements 4 2b D Other (Describe in Part XIV) c Add lines 4a and 4b C Total expenses and losses per audited financial statements 4 2b D Other (Describe in Part XIV) c Add lines 4a and 4b C Total expenses and losses per audited financial statements 4 2b D Other (Describe in Part XIV) c Add lines 4a and 4b C Total expenses and losses per audited financial statements 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	Total revenue (Form 990, Part VIII, column (A), line 12)		
4 Net unrealized gains (losses) on investments 5 5 6 5 Investment expenses 6 6 7 7 Prior period adjustments 7 8 9 10 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 10 9 Total adjustments (net) Add lines 4 - 8 9 10 Period XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements 1	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
6 Investment expenses 6 6 7 Pror period adjustments 7 Pror period adjustments 7 Pror period adjustments 8 7 Pror period adjustments 8 8 8 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	4	Net unrealized gains (losses) on investments	4	
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments 2 Donated services and use of facilities 3 Subtract line 2 efrom line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9 Donated services 9 Donated services 9 Donated services	5	Donated services and use of facilities	5	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 11 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments . 2a b Donated services and use of facilities . 2b c Recoveries of prior year grants . 2c d Other (Describe in Part XIV) . 2d e Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) . 4b c Add lines 4a and 4b . 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and uses of facilities . 2a b Prior year adjustments . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities . 2b b Prior year adjustments . 2b c Losses reported on Form 990, Part IX, line 25 . 2c d Other (Describe in Part XIV) . 2d d Other (Describe in Part XIV) . 2d d Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV) . 2d c Add lines 4a and 4b . 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part II, line 18) . 5	6	Investment expenses	6	
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements 1 Total revenue, gains, and other support per audited financial Statements 1 Total revenue, gains, and other support per audited financial Statements 1 Total revenue, gains, and other support per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 2a Net unrealized gains on investments 2 2b C Recoveries of prior year grants 4 Other (Describe in Part XIV) 2 2d 2 2d 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 4 Prior year adjustments 2 Donated services and use of facilities 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and lose of facilities 6 Prior year adjustments 1 Add lines 2a through 2d 2 Amounts included on Form 990, Part IX, line 25 2 C C C C C C C C C C C C C C C C C C	7	Prior period adjustments	7	
### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements	8	Other (Describe in Part XIV)	8	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	
1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
1 Total revenue, gains, and other support per audited financial statements	Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
a Net unrealized gains on investments	1			
b Donated services and use of facilities	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants	а	Net unrealized gains on investments 2a		
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b	b	Donated services and use of facilities		
Add lines 2a through 2d	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4b b Other (Describe in Part XIV)	3	Subtract line 2e from line 1	3	
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	С	Add lines 4a and 4b	4c	
Total expenses and losses per audited financial statements	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	leturn
Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	
b Prior year adjustments	2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
c Losses reported on Form 990, Part IX, line 25	а	Donated services and use of facilities		
d Other (Describe in Part XIV)	b	Prior year adjustments		
Add lines 2a through 2d	C	Losses reported on Form 990, Part IX, line 25 2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	е	Add lines 2a through 2d	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b b Other (Describe in Part XIV)	3	Subtract line 2e from line 1	3	
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV) 4b		
	c	Add lines 4a and 4b	4c	
Part XIV Supplemental Information			5	
	Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUNDS OF MERCY HEALTH SERVICES - IOWA, CORP INCLUDE \$25,000 KNOWN AS THE VIANNA HOLSCHLAG SCHOLARSHIP FUND INTEREST INCOME FROM THE FUND IS MADE AVAILABLE FOR NURSING SCHOLARSHIPS
Part X	Description of Uncertain Tax Positions Under FIN 48	MERCY HEALTH SERVICES - IOWA CORP IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH TRINITY HEALTH'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009 DID NOT INCLUDE A FIN 48 FOOTNOTE

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization MERCY HEALTH SERVICES - IOWA CORP

Employer identification number

31-1373080

ĽŽ	Charity Care and	i Certain O	tner Comr	munity Benefits at	Cost (Optional for	2008)		Yes	No		
1a	Does the organization have a	charity care	policy? If "N	o." skip to question 6a			4-	res	NO		
	If "Yes," is it a written policy						1a 1b				
2	If the organization has multip	ole hospitals, i					10				
	A pplied uniformly to all ho	ospitals vidual hospita	ls	Applied uniformly	to most hospitals						
3	Answer the following based o organization's patients	n the charity	care eligibilit	y criteria that applies t	o the largest number o	of the					
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care										
	Γ _{100%} Γ _{150%}	Г	.00%	Other	%						
b	Does the organization use FP "Yes," indicate which of the fo						3ь				
	Γ _{200%} Γ _{250%}	Г 300	% Г	з50% Г400	% Г 0 ther	%					
c	c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.										
4	Does the organization's polic	y provide free	ordiscounte	ed care to the "medical	ly indigent"?		4				
5a	Does the organization budget	t amounts for	free or disco	unted care provided un	der its charity care pol	licy?	5a				
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?											
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?											
6a	5a Does the organization prepare an annual community benefit report?										
6b	If "Yes," does the organization	on make it ava	allable to the	public?			6b				
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these					
7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost							
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex			
а	Charity care at cost (from worksheets 1 and 2)	5	7,237	8,776,225		8,776	,225	1 4	40 %		
b	Unreimbursed Medicaid (from worksheet 3, column a)	37	39,158	37,638,785	33,793,970	3,844	,815	0 6	30 %		
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)		,	, ,	, ,	,	,				
d	Total Charity Care and Means-Tested Programs	42	46,395	46,415,010	33,793,970	12,621	,040	2 0	70 %		
e	Other Benefits Community health improvement services and community benefit operations (from										
f	(worksheet 4)	105	327,548	4,852,069	621,189	4,230	,880	0 7	00 %		
	Health professions education (from worksheet 5) Subsidized health services	14	23,007	7,833,275	3,930,965	3,902	,310	0 6	40 %		
g	(from worksheet 6)	48	194,941	37,555,399	27,372,336	10,183			70 %		
	Research (from worksheet 7)	4	2,052	111,587		111	,587	0 0	20 %		
	Cash and in-kind contributions to community groups (from worksheet 8)	42		1,967,434	213,223	1,754	,211		90 %		
-	Total Other Benefits	213	547,548	52,319,764	32,137,713	20,182	_		20 %		
K	Total (line 7d and 7 ₁)	255	593943	98 7 34 7 74	65 931 683	32803	091 l	5 3	90 %		

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Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008) (a) Number of (b) Persons (c) Total community (e) Net community (f) Percent of (d) Direct offsetting activities or served programs building expense revenue building expense total expense (optional) (optional) 66,242 0 66,242 0 010 % Physical improvements and housing 2 439 8 1,218 606,517 27,324 579,193 0 100 % Economic development Community support 5 221 33,489 9,905 23,584 2 n **Environmental improvements** 258 1,966 1,966 Leadership development and training 0 0 0 for community members 6 Coalition building 4 0 0 010 % 3,913 39,087 39,087 Community health improvement advocacy 1 14 19,892 0 19,892 8 Workforce development 2 11 329,078 0 329,078 0 050 % 9 Other 0 0 0 10 Total 24 6.074 1.096.271 37.229 1.059.042 0 170 % Bad Debt, Medicare, & Collection Practices (Optional for 2008) Part III Section A. Bad Debt Expense Yes No Does the organization report bad debt expense in accordance with Heathcare Financial Management Association 1 Enter the amount of the organization's bad debt expense (at cost) . . . Enter the estimated amount of the organization's bad debt expense (at cost) 3 attributable to patients eligible under the organization's charity care policy Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit Section B. Medicare Enter total revenue received from Mecicare (including DSH and IME) . 6 Enter Medicare allowable costs of care relating to payments on line 5 . Enter line 5 less line 6—surplus or (shortfall) 7 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used Cost to charge ratio Other Cost accounting system **Section C. Collection Practices** 9a If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for 9b patients who are known to qualify for charity care or financial assistance? Describe in Part VI . Part IV Management Companies and Joint Ventures (Optional for 2008) (d) Officers, directors (c) Organization's trustees, or key (e) Physicians' (b) Description of primary (a) Name of entity profit % or stock employees' profit profit % or stock activity of entity ownership % % ownership % orstock ownership% 1 2 3 4 5 6 7 8 9 10 11 12 13

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

Schedule H (Form 990) 2008	Page
Part VI Supplemental Information (Optional for 2008)	
1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b	

Part VI, Line 2 NEEDS ASSESSMENT - MERCY HEALTH SERVICES - IOWA ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS MERCY HEALTH SERVICES - IOWA IS COMPRISED OF FOUR

ENTITIES MERCY MEDICAL CENTER-DUBUQUE, MERCY MEDICAL CENTER-NEW HAMPTON, MERCY MEDICAL CENTER-NORTH IOWA AND MERCY MEDICAL CENTER-SIOUX CITY EACH MEDICAL CENTER COMPLETES ITS OWN NEEDS ASSESSMENT A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR MERCY HEALTH SERVICES - IOWA'S STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES MERCY HEALTH SERVICES - IOWA'S COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNINGTHE MERCY HEALTH SERVICES - IOWA COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS) THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES THE MERCY HEALTH SERVICES - IOWA COMMUNITY NEEDS ASSESSMENTS ARE CURRENT AS OF 2005 FOR DUBUQUE, 2007 FOR NEW HAMPTON AND NORTH IOWA, AND 2009 FOR SIOUX CITY THE NORTH IOWA COMMUNITY NEEDS ASSESSMENT (WHICH INCLUDES NEW HAMPTON) WAS CONDUCTED IN COLLABORATION WITH THE NORTH CENTRAL IOWA REGIONAL PLANNING COALITION, COMPRISED OF OTHER NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES AND ORGANIZATIONS REPRESENTING 14 NORTH IOWA COUNTIES BUTLER, CERRO GORDO, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, WORTH, AND WRIGHT ALSO REFERENCED WAS THE DHS REPORT "HEALTHY PEOPLE IN HEALTHY COMMUNITIES 2010" AND "HEALTHY IOWANS 2010 IOWA'S HEALTH AGENDA FOR THE NEW MILLENNIUM (2000) " TECHNICAL ASSISTANCE WAS PROVIDED BY A DES MOINES BASED CONSULTING AND SERVICE FIRM THE DUBUQUE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED AS PART OF A COUNTY WIDE HEALTH CARE ASSESSMENT PROCESS MANDATED FOR ALL COUNTIES BY THE STATE OF IOWA PARTNERS INCLUDE LOCAL HOSPITALS, COMMUNITY AGENCIES, SOCIAL SERVICES, AND LOCAL BUSINESSES NEEDS ASSESSMENT DATA PROVIDED BY THE NATIONAL RESEARCH CORPORATION IN 2009 PROVIDED SUPPLEMENTAL INFORMATION TO FULL ASSESSMENT THE NEXT COUNTY WIDE ASSESSMENT WILL OCCUR IN 2010 THE SIOUX CITY COMMUNITY NEEDS ASSESSMENT WAS DEVELOPED WITH DATA FROM THE NATIONAL RESEARCH CORPORATION AND THOMSON REUTERS - COMMUNITY NEEDS INDEX, WHICH WAS COMBINED WITH COMMUNITY-SPECIFIC DATA INTO A COMPREHENSIVE REPORT THAT WAS SHARED WITHIN THE COMMUNITY MERCY MEDICAL CENTER-SIOUX CITY ALSO WORKED CLOSELY WITH SIOUXLAND COMMUNITY HEALTH CENTER AND WINNEBAGO INDIAN **HEALTH SERVICES** 3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCY HEALTH SERVICES - IOWA IS COMMITTED TO -PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE-

BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDANCE WITH AHA RECOMMENDATIONS, MERCY HEALTH SERVICES - IOWA HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSMERCY HEALTH SERVICES - IOWA COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE MERCY MEDICAL CENTER-SIOUX CITY MERCY MEDICAL CENTER-SIOUX CITY NOT ONLY COMMUNICATES FINANCIAL ASSISTANCE POLICIES VIA TRADITIONAL CHANNELS (REGISTRATION AND BILLING), THE ORGANIZATION SHARES ITS FINANCIAL ASSISTANCE POLICY WITH OTHER SERVICE AGENCIES AND NOT-FOR-PROFIT ORGANIZATIONS FOR EXAMPLE, THROUGH THE MISSION HEALTH PROGRAM, A COLLABORATION BETWEEN THE SIOUXLAND COMMUNITY HEALTH CENTER AND MERCY AND ST LUKE'S HOSPITALS, MERCY MEDICAL CENTER-SIOUX CITY REACHES OUT TO CHURCHES AND SCHOOLS TO FIND THOSE WHO MAY BE IN NEED OF FINANCIAL ASSISTANCE PARTICIPATING ARE PRE-QUALIFIED FOR FINANCIAL ASSISTANCE AT BOTH LOCAL HOSPITALS, AND ARE INVITED TO CHOOSE A MEDICAL HOME THE MISSION HEALTH PROGRAM HAS OVER 1,400 ENROLLED PATIENTS, ALL OF WHOM HAVE A BETTER UNDERSTANDING AND REDUCED ANXIETY CONCERNING FINANCIAL OBLIGATIONS AND ASSISTANCE IF HOSPITALIZATION IS NEEDED EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES IN SIOUX CITY, SOCIAL WORKERS PROVIDE ASSISTANCE AND COUNSELING REGARDING FINANCIAL ASSISTANCE OPPORTUNITIES WITHIN THE ORGANIZATION, AND REFER PATIENTS AND FAMILIES TO APPROPRIATE AGENCIES FOR COVERAGE MERCY ALSO WORKS WITH THE MIDLANDS GROUP TO ENLIST PATIENTS IN QUALIFYING PROGRAMS MERCY UTILIZES A COMMUNITY NEEDS INDEX (CNI) TO TARGET SPECIFIC ZIP CODES WHERE PATIENTS IN NEED OF FINANCIAL ASSISTANCE OFTEN RESIDE MERCY MEDICAL CENTER-DUBUQUE MERCY MEDICAL CENTER-DUBUQUE CONTRACTS WITH A FIRM WITH A LONG TRACK RECORD OF COMPASSIONATE SERVICE TO PROVIDE COUNSELING, REFERRALS, AND ASSISTANCE TO PATIENTS IN DETERMINING ELIGIBILITY AND ENROLLING IN A WIDE VARIETY OF PUBLIC AND PRIVATE ASSISTANCE PROGRAMS, SUCH AS MEDICARE, MEDICAID, HAWK-I (AND THE CORRESPONDING SCHIPS PROGRAMS FOR ILLINOIS AND WISCONSIN) AND IOWA CARE, IOWA'S STATE ASSISTANCE PROGRAM FOR INDIGENT PERSONS EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE MERCY MEDICAL CENTER-NORTH IOWA (INCLUDING NEW HAMPTON) INFORMATION ABOUT MERCY MEDICAL CENTER-NORTH IOWA'S FINANCIAL ASSISTANCE PROGRAM IS DISPLAYED IN VARIOUS ADMISSION AREAS THROUGHOUT THE HOSPITAL AND CLINICS A "PATIENT FINANCIAL GUIDELINES" BROCHURE IS ALSO AVAILABLE AT EACH ADMISSION AREA THIS BROCHURE PROVIDES INFORMATION REGARDING PAYMENT OPTIONS, FINANCIAL ASSISTANCE & BILLING QUESTIONS FINANCIAL COUNSELING IS ALSO PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS AT THE TIME OF ADMISSION, THE NAMES OF UNINSURED AND UNDERINSURED PATIENTS ARE GIVEN TO THE PUBLIC BENEFITS FINANCIAL SERVICES COUNSELOR WHO MAKES AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES THE PUBLIC BENEFIT FINANCIAL COUNSELOR HAS A GOOD WORKING RELATIONSHIP WITH THE DEPARTMENT OF HUMAN SERVICES, STATE DISABILITY OFFICES, AND VARIOUS COUNTY AND COMMUNITY PROGRAMS CONTACT WITH THESE OFFICES OCCURS ALMOST DAILY MERCY HEALTH SERVICES - IOWA OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH VARIOUS MEANS, WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE PUBLICATION OF PATIENT BROCHURES, NOTICES OR MESSAGING INCLUDED ON PATIENT BILLS, POSTING OF NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS. URGENT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE THROUGHOUT THE COMMUNITIES SERVED BY MERCY HEALTH SERVICES - IOWA, TO PUBLIC HEALTH CENTERS, CATHOLIC CHARITABLE ORGANIZATIONS AND OTHER COMMUNITY OUTREACH SERVICES INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE IN ADMISSION PACKAGES DURING INTAKE IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS IN SIOUX CITY, INTERPRETERS OF MULTIPLE LANGUAGES ARE AVAILABLE ON-SITE THROUGH INTERPRETIVE SERVICES OR AT THE SIOUXLAND COMMUNITY HEALTH CENTER FOR QUESTIONS REGARDING FINANCIAL ASSISTANCE MERCY MEDICAL CENTER-NORTH IOWA ALSO PROVIDES FINANCIAL ASSISTANCE FOR PRESCRIBED MEDICATIONS THERE ARE SEVERAL SHORT-TERM ASSISTANCE PROGRAMS AS WELL AS A SOCIAL WORKER FACILITATING THE APPLICATION PROCESS FOR LONG-TERM ASSISTANCE FROM PHARMACEUTICAL PROGRAMS MERCY HEALTH SERVICES - IOWA HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS MERCY HEALTH SERVICES - IOWA MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER THE MEDICAL CENTERS EDUCATE STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES, WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES PATIENT REGISTRATION STAFF, FINANCIAL ASSISTANCE STAFF, SOCIAL WORKERS, CASE MANAGERS, AND CLINIC MANAGERS RECEIVE TRAINING REGARDING FINANCIAL ASSISTANCE POLICIES Community Information. Describe the community the organization serves, taking into account the geographic area and demographic Part VI, Line 4 (CONTINUED) THE SECONDARY SERVICE AREA INCLUDES THE COMBINED SERVICE AREAS OF THE PRIMARY CARE HOSPITALS IN AND AROUND DUBUQUE COUNTY IT INCLUDES 55 ZIP CODES IN OR NEAR MANCHESTER, GUTTENBERG, MAQUOKETA, AND ELKADER IN IOWA, PLATTEVILLE AND LANCASTER IN WISCONSIN, AND GALENA IN ILLINOIS THE SECONDARY SERVICE AREA IS HOME TO APPROXIMATELY 109,000 PEOPLE MERCY MEDICAL CENTER-DUBUQUE IS LOCATED IN DUBUQUE, IOWA, DIRECTLY ACROSS THE MISSISSIPPI RIVER FROM BOTH WISCONSIN AND ILLINOIS GEOGRAPHICALLY,

ELDERLY, LIMITED TRANSPORTATION OPTIONS, LIMITED ADULT DAY CARE OPTIONS AND LIMITED FUNDING FOR SERVICES FOR THE ELDERLY THE HIGH COST OF PRESCRIPTION MEDICATIONS AND CHRONIC ILLNESSES CAUSING LONG TERM DISABILITY PRESENT FINANCIAL CONCERNS AS WELL SEVERAL LOCATIONS IN THE SERVICE AREA HAVE BEEN DESIGNATED AS MEDICALLY UNDERSERVED AREAS FIVE TOWNSHIPS IN DELAWARE COUNTY IA, A VILLAGE IN GANT COUNTY WISCONSIN, ALL

ABOUT HALF OF A CIRCLE RADIATING OUT FROM DUBUQUE WOULD LIE IN IOWA, ABOUT ONE-THIRD IN WISCONSIN, AND THE REMAINDER IN ILLINOIS ALTHOUGH DUBUQUE SERVES AS A NATURAL TRADE CENTER FOR THE NEARBY COMMUNITIES IN ALL THREE STATES, MERCY DOES NOT DRAW HEALTH CARE CUSTOMERS FROM WISCONSIN AND ILLINOIS AS EASILY AS KENNEDY MALL (DUBUQUE'S LARGEST SHOPPING CENTER) DRAWS SHOPPERS FROM THOSE STATES EMPLOYEE HEALTH INSURANCE PLANS AND STATE HEALTH CARE REGULATIONS SOMETIMES DISCOURAGE ILLINOIS OR WISCONSIN RESIDENTS FROM SEEKING HOSPITALIZATION IN ANOTHER STATE THE TOTAL POPULATION IS EXPECTED TO HAVE INCREASED SLIGHTLY, BY 13%, BETWEEN 2006 AND 2011 RACIAL AND CULTURAL DIVERSITY IN THE SERVICE AREA CONTINUES TO INCREASE, BUT VERY SLOWLY, WITH THE WHITE, NON-HISPANIC POPULATION COMPRISING ABOUT 96% OF ALL RESIDENTS THE GROWING ELDERLY POPULATION IS OF CONCERN TO THE COMMUNITY WE ANTICIPATE A SHORTAGE OF HEALTHCARE WORKERS TO CARE FOR THE

OF JO DAVIESS COUNTY ILLINOIS, AND TWO CENSUS TRACTS IN DOWNTOWN DUBUQUE IN EARLY 2007, THE POVERTY RATE IN DUBUQUE COUNTY HAD INCREASED BY 0 3% FROM THE RATES REPORTED IN THE DECENNIAL CENSUS, MOVING FROM 7 8% TO 8 1% IN 2001, THE MEDICAID PARTICIPATION RATE IN DUBUQUE COUNTY WAS 7 8%, COMPARED TO 8 7% STATEWIDE DUBUQUE COUNTY HAS A MEDIAN HOUSEHOLD INCOME OF \$46,311, ADJUSTED TO 2005 DOLLARS THIS IS 0 3% HIGHER THAN THE MEDIAN IN IOWA, BUT 61% LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN THE UNITED STATES OVERALL UNFORTUNATELY, HOUSEHOLD INCOME HAS DECLINED FROM INFLATION-ADJUSTED 2000 INCOME LEVELS SEVERAL HEALTH CONCERNS HAVE BEEN IDENTIFIED IN THE SERVICE AREA, INCLUDING WOMEN NOT RECEIVING PRENATAL CARE DURING THE FIRST TRIMESTER, A HIGHER THAN AVERAGE RATE OF PROSTATE, LUNG, BREAST, AND COLORECTAL CANCER, OBESITY AND ITS CONTRIBUTION TO HEART DISEASE, DIABETES, ARTHRITIS, AND HIGH BLOOD PRESSURE, AN INCREASING INCIDENCE OF FOLLOWING HEALTH-RELATED PRIORITIES AS WELL ACCESS TO HEALTH CARE, CHILD ABUSE, CHRONIC DISEASES, ENVIRONMENTAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES -MERCY MEDICAL CENTER-SIOUX CITY THE CHANGING DEMOGRAPHICS OF THE SIOUXLAND AREA REQUIRE AN UNDERSTANDING OF AND COMMITMENT TO DIVERSITY AND INCLUSION MERCY MEDICAL CENTER-SIOUX CITY IS ENGAGED IN A COMPREHENSIVE PHYSICIAN RECRUITING EFFORT TO BRING NEEDED PHYSICIANS TO HEALTH PROFESSIONAL SHORTAGE AREAS PHYSICIANS ARE RECRUITED BASED ON COMMUNITY NEED/SHORTAGE WE ADVOCATE FOR AND SPEND RESOURCES TO BRING PHYSICIANS TO OUR COMMUNITY THE PHYSICIANS USUALLY HAVE PRIVILEGES AT BOTH LOCAL HOSPITALS ONE EXAMPLE IS A BOARD CERTIFIED HOSPICE AND PALLIATIVE CARE PHYSICIAN WHO PRACTICES IN THE MERCY & ST LUKE'S JOINTLY SPONSORED HOSPICE OTHER AREAS OF CONCERN/NEED ARE RADIATION ONCOLOGY, PSYCHIATRY, INTERNAL MEDICINE, OBSTETRICS/GYNECOLOGY, ANESTHESIOLOGY, CARDIOLOGY, AND NEUROLOGY MERCY MEDICAL CENTER CURRENTLY OWNS PROPERTY IN THE DOWNTOWN AREA, AND IS ENGAGED IN DISCUSSIONS REGARDING MAKING THE PROPERTY MORE USEFUL FOR THE COMMUNITY THE DOWNTOWN PARTNERS AND THE LOCAL CHURCH BELIEVE THE PROPERTY COULD BENEFIT THE COMMUNITY IN THE FUTURE DONATION OF THE PROPERTY IS PLANNED AT A VALUE OF \$200,000 BELOW INVESTMENT ST LUKE'S HOSPITAL, FAMILY SERVICES, COMMUNITY HEALTH MENTAL HEALTH CENTER, MERCY MEDICAL CENTER AND COMMUNITY PSYCHIATRISTS MEET BI-MONTHLY TO ASSESS AND PLAN FOR IMPROVED ACCESS AND SERVICES THE PLAN INVOLVES COLLABORATION/CONSOLIDATION TO BETTER SERVE PATIENTS WITH MENTAL ILLNESS, MOST OF WHOM ARE UNDER-SERVED THE PLAN SHOULD IMPROVE SERVICES AND SAVE COSTS, INCLUDING COSTS INCURRED BY GOVERNMENT PAYER SOURCES MERCY MEDICAL CENTER-SIOUX CITY STAFF IS ALSO INVOLVED IN THE NW IOWA AMERICAN HEART TASK FORCE, SIOUXLAND INFECTIOUS DISEASE COMMITTEE, TRI-STATE DISASTER COMMITTEE, IOWA DISASTER MEDICAL ASSISTANCE TEAM, EMERGENCY CONFERENCE COMMITTEE (MERCY COMMITTEE), MERCY EMERGENCY PLANNING COMMITTEE AND HEALTH RESOURCE SERVICE ADMINISTRATION (HRSA) THE

ORGANIZATION WORKS MOST CLOSELY WITH THE SIOUXLAND COMMUNITY HEALTH CENTER AND WINNEBAGO INDIAN HEALTH SERVICES MERCY IS A PARTNER IN THE SIOUXLAND HEALTH INITIATIVES (A COLLABORATIVE GROUP OF HEALTH PROVIDERS AND SOCIAL SERVICE ORGANIZATIONS) MERCY MEDICAL CENTER-NORTH IOWA MMC-NI COLLABORATES WITH THE NORTHERN

LIGHTS HOMELESS SHELTER, WHICH PROVIDES EMERGENT NEED FOR SHELTER, MEDICAL CARE, RESOURCES FOR FINDING LONG-TERM RESIDENCE, AND EMPLOYMENT FOR MEN AND WOMEN FIVE HOUSES CURRENTLY SHELTER ADULTS AND CHILDREN RESIDENTS RECEIVE ACCESS TO FREE MEDICAL AND DENTAL CARE, MENTAL HEALTH AND ALCOHOL-RELATED SERVICES, PRESCRIPTION DRUGS, AND LONG-TERM RESIDENCE FOR DISABLED MEN AS THE LARGEST EMPLOYER IN THE 14-COUNTY AERA, MMC-NI TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS HELP IMPROVE THE ECONOMY OF MMC-NI'S CATCHMENT COUNTIES BY PROMOTING ECONOMIC DEVELOPMENT, MMC-NI HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELFTHROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL CONTRIBUTIONS TO THE ECONOMIC DEVELOPMENT CORRIDOR ARE ESSENTIAL FOR MAINTINING A SOLID ECONOMIC BASE IN OUR REGION ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT IN THE REGION, MMC-NI ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA MMC-NI ALSO ACTIVELY RECRUITS PHYSICIANS IN AN EFFORT TO PROMOTE ACCESSIBLE HEALTH CARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE MERCY MEDICAL CENTER-NEW HAMPTON AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MMC-NH TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS HELP IMPROVE THE ECONOMY OF MMC-NH'S CATCHMENT COUNTIES BY PROMOTING ECONOMIC DEVELOPMENT, MMC-NH HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL CONTRIBUTIONS TO THE ECONOMIC DEVELOPMENT CORRIDOR ARE ESSENTIAL FOR MAINTINING A SOLID ECONOMIC BASE IN NORTHEAST IOWA ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT IN THE REGION, MMC-NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA FOLLOWING THE 9/11 ATTACKS AND HURRICANE KATRINA, THE U.S. GOVERNMENT PROVIDED GRANT MONEY TO HELP COMMUNITIES BETTER PREPARE FOR DISASTER MMC-NH IS NOW PART OF A MULTI-DISCIPLINARY GROUP, WHICH INCLUDES STATE, COUNTY, CITY EMPLOYEES, PUBLIC HEALTH, HOSPITALS AND PHYSICIANS, AND VOLUNTEERS, WHICH MEETS TO STRATEGIZE FOR A REAL DISASTER USING TABLETOP EVENTS AND SIMULATIONS MMC-NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO MORE SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THE CONTAINERS MERCY MEDICAL CENTER-DUBUQUE MERCY MEDICAL CENTER-DUBUQUE IS A MEMBER OF THREE ORGANIZATIONS AIMED AT BRINGING NEW INDUSTRY TO THE COMMUNITY AND SUPPORTING THE BUSINESSES ALREADY HERE, ALL OF WHICH SUPPORT THE ECONOMIC BASE REQUIRED BY A LARGE COMMUNITY HOSPITAL THESE INCLUDE THE CHAMBER OF COMMERCE, THE AREA LABOR-MANAGEMENT COUNCIL, AND THE DEVELOPMENT CORPORATION MERCY MEDICAL CENTER-DUBUQUE ALSO PARTNERS WITH GOODWILL INDUSTRIES IN AN EMPLOYMENT TRAINING PROGRAM ON OCCASIONS, MERCY ALSO PROVIDES FREE CONSULTING SERVICES TO OTHER COMMUNITY ORGANIZATIONS THAT SHARE MERCY'S MISSION PRINCIPLES WE PROVIDE MEALS TO PATIENTS' FAMILIES WHO ARE UNABLE TO PROVIDE FOR THEMSELVES, AND ASSIST RESIDENTS IN THE COMMUNITY WHO NEED AN EMERGENCY RESPONSE CALL-BUTTON SYSTEM BUT DO NOT QUALIFY FOR ASSISTANCE OR REIMBURSEMENT FOR THIS PROGRAM Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc) Part VI, Line 6 OTHER INFORMATION -MERCY MEDICAL CENTER-SIOUX CITY MERCY MEDICAL CENTER-SIOUX CITY HAS EARNED MORE NATIONAL RECOGNITION FOR QUALITY PATIENT OUTCOMES THAN ANY OTHER HOSPITAL IN THE REGION THE MEDICAL CENTER HAS EARNED MULTIPLE HONORS FOR ITS LEADERSHIP AND EXCELLENCE IN SEVERAL CLINICAL AREAS, INCLUDING CARDIAC CARE, ORTHOPEDIC SERVICES, VASCULAR SURGERY, STROKE CARE AND CANCER CARE MERCY MEDICAL CENTER-SIOUX CITY IS HOME TO THE ONLY LEVEL II TRAUMA CENTER IN WESTERN IOWA, AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA MERCY AIR CARE, THE HOSPITAL'S HELICOPTER AMBULANCE SERVICE MERCY MEDICAL

CENTER-SIOUX CITY IS INVOLVED IN A NUMBER OF COMMUNITY VENTURES, AND SUPPORTS THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENCY) WE ALSO WORK CLOSELY WITH WINNEBAGO INDIAN HEALTH SERVICES TO CLOSE HEALTH OUTCOMES DISPARITIES IN ADDITION, THE MEDICAL CENTER COLLABORATES WITH ST LUKE'S COLLEGE OF NURSING, WITCC SCHOOL OF NURSING, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING (REPLICATING THE RAIN PROGRAM, WHICH IS INTENDED TO INCREASE THE NUMBER OF AMERICAN INDIAN NURSES) MERCY MEDICAL CENTER-NORTH IOWA MMC-NI HAS BEEN PROVIDING MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978 THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES MMC-NI HAS TO OFFER AS A MAJOR REFERRAL CENTER AS A TEACHING HOSPITAL, MMC-NI HOSTS A FAMILY PRACTICE RESIDENCY PROGRAM, PALLIATIVE CARE FELLOWSHIP, CARDIOLOGY FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY IT ALSO IS A CLINICAL SITE FOR STUDENTS STUDYING TO BECOME MEDICAL LABORATORY TECHNICIANS, NURSES, PARAMEDICS, REHABILITATION TECHNICIANS AND PERFUSIONISTS IN ADDITION, THE MEDICAL CENTER MANAGES AN ADULT DAY CARE CENTER IN COLLABORATION WITH OTHER NON-PROFITS AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A CANCER CENTER, A DIABETES CENTER, AND A LEVEL II EMERGENCY CENTER EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY MMC-NI ALSO PARTICIPATES IN A FEDERAL GOVERNMENT MEDICARE PROJECT GRANT TO PROVIDE SERVICES TO MEDICARE RECIPIENTS WHO HAVE CERTAIN CHRONIC DISEASES MMC-NI'S DIVISIONAL BOARD IS COMPRISED OF LOCAL BUSINESS LEADERS, LOCAL PHYSICIANS, AND ROMAN CATHOLIC SISTERS REPRESENTING SISTERS OF MERCY THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS, IN ORDER TO BEST MEET THE NEEDS OF OUR NORTH IOWA COMMUNITIES MMC-NI HAS ABOUT 400 VOLUNTEERS, WHO SERVE IN NEARLY EVERY DEPARTMENT OF THE HOSPITAL FROM CLERICAL WORK TO PROVIDING PATIENT AND VISITOR SERVICES. MERCY VOLUNTEERS TRULY DO MAKE A DIFFERENCE THROUGH FUNDRAISERS, THE VOLUNTEERS ALSO PROVIDE FINANCIAL SUPPORT TO A VARIETY OF AREAS WITHIN THE HOSPITAL MERCY AUXILIARY AWARDS SCHOLARSHIPS TO STUDENTS PURSUING EDUCATION IN THE HEALTHCARE FIELD THE AUXILIARY ALSO RENTS OUT INFANT SAFETY SEATS TO ENSURE THAT ALL BABIES LEAVE OUR HEALTH CARE CENTER IN A PROPER SAFETY SEAT THEY ALSO CO-SPONSOR FREE MONTHLY SAFETY SEAT INSPECTION SERVICES FOR THE COMMUNITY MERCY MEDICAL CENTER-NEW HAMPTON AS A SOLE COMMUNITY PROVIDER, MMC-NH PROVIDES A RANGE OF SPECIALIZED SERVICES, DIABETES EDUCATION AND NUTRITION AND AN EMERGENCY CENTER EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY MMC-NH'S DIVISIONAL BOARD IS COMPRISED OF LOCAL BUSINESS LEADERS, LOCAL PHYSICIANS, AND ROMAN CATHOLIC SISTERS REPRESENTING SISTERS OF MERCY THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS, IN ORDER TO BEST MEET THE NEEDS OF THE NORTHEAST IOWA COMMUNITIES MMC-NH HAS ABOUT 200 VOLUNTEERS, WHO SERVE IN NEARLY EVERY DEPARTMENT OF THE HOSPITAL, FROM CLERICAL WORK TO PROVIDING PATIENT AND VISITOR SERVICES THROUGH FUNDRAISERS, THE VOLUNTEERS ALSO PROVIDE FINANCIAL SUPPORT TO A VARIETY OF AREAS WITHIN THE HOSPITAL MERCY AUXILIARY AWARDS SCHOLARSHIPS TO HIGH SCHOOL AND NON-TRADITIONAL STUDENTS PURSUING EDUCATION IN THE HEALTHCARE FIELD THE AUXILIARY ALSO SPONSORS NUMEROUS BLOOD DRIVES AND LUNCH-AND-LEARN EVENTS ON HEALTHCARE SUBJECTS THEY ALSO PROVIDE WIGS AND TURBANS TO

FAMILIES MERCY MEDICAL CENTER-DUBUQUE PROVIDES SEVERAL SERVICES THAT ARE UNIQUE TO THE COMMUNITY, INCLUDING OPEN HEART SURGERY, NEONATAL INTENSIVE CARE AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES IN ADDITION, THE HOSPITAL OPERATES AN EMERGENCY ROOM AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in

THOSE INDIVIDUALS WHO HAVE LOST THEIR HAIR DUE TO ILLNESS MERCY MEDICAL CENTER-DUBUQUE THE DIVISIONAL BOARD OF MERCY MEDICAL CENTER-DUBUQUE IS COMPRISED OF 15 PEOPLE, EIGHT OF WHOM ARE RESIDENTS OF THE SERVICE AREA AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR MEMBERS OF THEIR

Part VI, Line 7 MERCY HEALTH SERVICES - IOWA IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY IN FISCAL YEAR 2009, THIS INCLUDED NEARLY \$400 MILLION IN SUCH COMMUNITY BENEFITS THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

promoting the health of the communites served

Software ID: Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990 Schedule H, Part V - Facility Informa Name and address	Licensed hospital	General medical & su	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MEDGY MEDICAL CENTED DUBLIQUE		eu gical			<u> </u>				
MERCY MEDICAL CENTER - DUBUQUE 250 MERCY DRIVE DUBUQUE, IA 52001	×	Х					х		HOME CARE
MERCY MEDICAL CENTER - DYERSVILLE 1111 THIRD STREET SW DYERSVILLE, IA 52040	×	х			х		х		HOME CARE
MERCY MEDICAL CENTER - DYERSVILLE 1121 THIRD STREET SW DYERSVILLE,IA 52040									EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 208 N 12TH STREET BELLEVUE,IA 52031									EMPLOYED PHYSICIANS
CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE, IA 52033									EMPLOYED PHYSICIANS
CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE,IA 52033									LAB, X-RAY, PT
MEDICAL ASSOCIATES CLINIC 117 SOUTH MADISON CUBA CITY,WI 53807									X-RAY, LAB, EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 560 PLEASANT ST ELIZABETH,IL 61028									EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 911 NW CARTER ELKADER,IA 52043									EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 10988 BARTELL BLVD GALENA,IL 61036									HOME CARE,LAB, EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 107 S PAGE MONONA,IA 52159									EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES CLINIC 1240 BIG JACK ROAD PLATTEVILLE, WI 53818									X-RAY, LAB, EMPLOYED PHYSICIANS
TRI-STATE OCCUPATIONAL HEALTH 1920 ELM STREET DUBUQUE,IA 52001									PHYS THERAPY, EMPLOYED PHYSICIANS
MEDICAL ASSOCIATES EAST CAMPUS 1000 LANGWORTHY DUBUQUE,IA 52001									OCC HEALTH, PHYSICAL THERAPY
MEDICAL ASSOCIATES WEST CAMPUS 1500 ASSOCIATES DRIVE DUBUQUE,IA 52001		х							OCC HEALTH, PHYSICAL THERAPY
MERCY REHAB SERVICES 200 N SECOND STREET BELLEVUE, IA 52031									REHAB, LAB, X-RAY
MERCY MEDICAL CENTER-SIOUX CITY 801 FIFTH STREET SIOUX CITY, IA 51102	×	х					х		
MERCY MEDICAL CENTER-SIOUX CITY (CONT'D) 801 FIFTH STREET SIOUX CITY, IA 51102									EMPLOYED PHYSICIANS
MERCY MEDICAL CENTER-SIOUX CITY (CONT'D) 801 FIFTH STREET SIOUX CITY, IA 51102									SKILLED CARE UNIT
MERCY DAKOTA DUNES 705 SIOUX POINT ROAD DAKOTA DUNES, SD 57049									WEIGHT LOSS CENTER
SIOUXLAND SURGERY CENTER 600 SIOUX POINT ROAD DAKOTA DUNES,SD 57049		х							
MERCY MEDICAL CENTER-NORTH IOWA EAST 1000 FOURTH STREET SW MASON CITY,IA 50401	×	х		х		х	х		
MERCY MEDICAL CENTER-NORTH IOWA WEST 910 EISENHOWER AVENUE MASON CITY, IA 50401	×								LONG TERM CARE
MERCY MEDICAL CENTER-NEW HAMPTON 308 NORTH MAPLE AVE NEW HAMPTON, IA 50659	×				х		х		
MERCY MEDICAL CENTER-NEW HAMPTON(CONT'D) 308 NORTH MAPLE AVE NEW HAMPTON, IA 50659									EMPLOYED PHYSICIANS
MASON CITY SURGERY CENTER 990 4TH STREET MASON CITY, IA 50401		х							REHAB
MASON CITY CLINIC 250 SOUTH CRESCENT DRIVE MASON CITY, IA 50401		х							RADIOLOGY
CHELSEA CREEK 1504 FOURTH STREET MASON CITY,IA 50401									REHAB, EMPLOYED PHYSICIANS
MERCY DERMATOLOGY CENTER 1421 FOURTH STREET									EMPLOYED PHYSICIANS
MASON CITY, IA 50401 MERCY FAMILY PRACTICE - BUFFALO CENTER 115 NORTH MAIN									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - CHARLES CITY 1413 SOUTH GRAND AVE									EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - CLEAR LAKE 1410 6TH AVENUE SOUTH									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY PEDIATRIC & ADOLESCENT PRACTICE - 418 NORTH SHORE DRIVE									EMPLOYED PHYSICIANS, LAB
MERCY FAMILY PRACTICE - FOREST CITY 635 EAST HIGHWAY 9 FOREST CITY IA 50436									X-RAY, LAB, EMPLOYED PHYSICIANS
FOREST CITY, IA 50436 MERCY FAMILY PRACTICE - FOREST PARK 1010 4TH STREET SW									EMPLOYED PHYSICIANS, X-RAY
MASON CITY, IA 50401 MERCY FAMILY PRACTICE - GREENE 104 E TRAER CREENE IA 50401	1								X-RAY, LAB, EMPLOYED PHYSICIANS
GREENE, IA 50401 MERCY FAMILY PRACTICE - LAKE MILLS 505 SOUTH 1ST AVE	1								X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - NORTHWOOD 803 9TH AVENUE NORTH									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - REGENCY 621 SOUTH ILLINOIS	1								EMPLOYED PHYSICIANS,
MASON CITY, IA 50401 MERCY FAMILY PRACTICE - ROCKFORD 702 EAST MAIN									X-RAY, LAB, EMPLOYED PHYSICIANS
ROCKFORD,IA 50468 MERCY FAMILY PRACTICE - SHEFFIELD									

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DLN: 93493137011240

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

MERCY HEALTH SERVICES - I	OWA CORR					Employer identi	iication number
MERCI HEALIH SERVICES - I	OWA CORP					31-1373080	
Part I General Inform	nation on Gra	nts and Assistanc	е				
Does the organization mai the selection criteria used Describe in Part IV the or	I to award the grades	nts or assistance? . . edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I' Part IV and Sche	V, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the of the office of	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	137	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect organizations					•		14
3 Enter total number of othe							2
For Panerwork Peduction Act Notic	ce see the Instruct	tions for Form 990		Cat No. 50055	D	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 DONATIONS MADE BY MERCY HEALTH SERVICES - IOWA, CORP TO CHARITABLE ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS

Software ID: Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i offit 990,3cheddie 1, Pa	it II, Grants a	illa Other Assistant	ce to dovernment.	s and Organizatio	iis iii tile ollitea st	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMYPO BOX 1708 MASON CITY, IA 50401	94-1170408	501(C)3	30,000				CAPITAL CAMPAIGN - NEW FACILITIES
NEWMAN CATHOLIC SCHOOL2445 19TH STREET SW MASON CITY,IA 50401	42-0838801	501(C)3	81,500				PLEDGES FOR EDUCATION AND CHILDCARE
NORTH IOWA AREA COMMUNITY ACTION218 5TH ST SW PO BOX 1627 MASON CITY,IA 50402	42-0921505	501(C)3	105,000				PARTNERS CONTRACT
NORTH IOWA VOCATIONAL CENTERPO BOX 428 MASON CITY,IA 50402	42-0951757	501(C)3	5,000				PLEDGES
UNITED WAY OF NORTH CENTRAL IO WA600 1ST STREET NW MASON CITY,IA 50401	42-0680431	501(C)3	41,025				PLEDGES
NORTH IO WA AREA COMMUNITY COLLEGE FOUNDATION 500 COLLEGE DR MASON CITY, IA 50401	42-0930155	501(C)3	30,000				NURSING PROGRAM SUPPORT
ALGONA FAMILY YMCAPO BOX 464 ALGONA,IA 50511	42-1225829	501(C)3	45,000				CAPITAL CAMPAIGN
ECONOMIC DEVELOPMENT CORPORATION OF MASON CITY25 WEST STATE STREET MASON CITY,IA 50401	42-1305467	501(C)3	25,000				COMMUNITY SUPPORT
NORTH CENTRAL IOWA GROWTH PARTNERSHIP INC25 WEST STATE STREET MASON CITY,IA 50401	75-3190471	501(C)6	25,000				PLEDGE
BISHOP HEELAN CATHOLIC SCHOOLS1021 DOUGLAS STREET SIOUX CITY,IA 51105	42-0698209	501(C)3	50,000				FIRST INSTALLMENT OF A FIVE YEAR PLEDGE FOR HEELAN'S NEW SCHOOL
1							

Form 990,Schedule I,	Part II, Gra	nts and Other As	ssistance to Go	vernments and (Organizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
BRIAR CLIFF UNIVERSITY3303 REBECCA STREET SIOUX CITY,IA 51104	42-0707124	501(C)3	10,100				SCHOLARSHIP FUND
COMMUNITY ACTION AGENCY OF SIOUXLAND2700 LEECH AVENUE SIOUX CITY,IA 51106	42-0989589	501(C)3	9,690				COMMUNITY PROGRAM SUPPORT
SIOUX CITY SYMPHONY ORCHESTRA 273 ORPHEUM BUILDING SIOUX CITY, IA 51101	42-6006580	501(C)3	5,000				PROGRAM SUPPORT - SPONSORSHIP OF IOWA PIANO COMPETITION
THE SIOUXLAND INITIATIVE101 PIERCE STREET SIOUX CITY,IA 51101	42-1328697	501(C)6	30,000				PROGRAM SUPPORT - SIOUX CITY ECONOMIC DEVELOPMENT
SIOUXLAND HERITAGE FOUNDATION2901 JACKSON ST SIOUX CITY,IA 51104	42-1516734	501(C)3	5,000				CAPITAL CAMPAIGN SUPPORT - FIRST OF A FIVE PLEDGE FOR SIOUX CITY'S NEW MUSEUM
SIOUXLAND COMMUNITY HEALTH CENTER1021 NEBRASKA STREET SIOUX CITY,IA 51102	42-1374894	501(C)3	82,163				COMMUNITY SUPPORT

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As Filed Data -

DLN: 93493137011240

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

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

31-1373080

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			
	□ Travel for companions □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	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?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
Ь	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
See Addıtıonal Data Table (i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
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(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2008 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) MELVIN GOIN - \$40,866 MORLEY ROBBINS - \$342,733 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES \$238,665 OF SEVERANCE FOR MELVIN GOIN WHICH WAS UNPAID AS OF 12/31/08 OF THIS AMOUNT, \$215,484 AND \$23,181 WILL BE PAID TO AND INCLUDED IN MELVIN GOIN'S TAXABLE INCOME IN CALENDAR YEAR 2009 AND 2010 RESPECTIVELY COLUMN C OF SCHEDULE J, PART II ALSO INCLUDES \$44,428 OF SEVERANCE FOR MORLEY ROBBINS WHICH WAS UNPAID AS OF 12/31/08 THE \$44,428 WAS PAID AND INCLUDED IN MORLEY ROBBINS' TAXABLE INCOME IN 2009 PART I, LINE 4B THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING SERP ACCRUALS FOR 2008 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - \$0 MICHAEL SLUBOWSKI - \$36,541 JOSEPH SWEDISH - \$493,225 PART I, LINE 4B THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$230,000 FOR 2008) THE FOLLOWING ACCRUALS FOR 2008 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - \$80,919 VELOIS BOWERS - \$7,193 PAUL BROWNE - \$34,980 DEBRA CANALES - \$24,317 EDWARD CHADWICK - \$120,531 PAUL CONLON - \$27,124 PAUL DOUGHERTY - \$31,603 LOUIS FIERENS - \$18,259 JAMES FITZPATRICK - \$37,900 E PRESTON GEE - \$3,994 AGNES HAGERTY - \$12,393 DANIEL HALE - \$106,685 MICHAEL HOLPER - \$17,567 MARILYN KAPTAIN-DAHLEN - \$8,429 RUSSELL KNIGHT - \$17,606 DOUGLAS MORSE - \$1,026 RODNEY SCHLADER - \$6,368 LARRY SELLERS - \$24,869 MICHAEL SLUBOWSKI - \$94,766 JOSEPH SWEDISH - \$137,872 MARIA SZYMANSKI - \$47,448 PART I, LINE 4B THE FOLLOWING ARE PARTICIPANTS IN A MERCY HEALTH SERVICES-IOWA CORP NON-QUALIFIED ELECTIVE DEFERRED COMPENSATION PLAN THE FOLLOWING DEFERRALS FOR 2008 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II CARL PLANK - \$31,308 PHILLIP ALSCHER - \$25,476 THOO H TAN - \$35,188 M

Software ID: Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

pensation prior Form rm 990-EZ
31,637
27,166
45,881
61,907

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DLN: 93493137011240

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

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

31-1373080

(a) Name of disqualif	fied person		(h) De	scrint	ion of transa	action				(c) Co	rrecte
(-,-	F		(5) 5 6.	СПРС	.ioii oi tialist					Yes	No
Enter the amount of tax imposed o section 4958	n the organ	nization manag 	ers or disqualified pei		= -	earui •••	nder F	\$			
Enter the amount of tax, if any, on	line 2, abo	ve, reimbursed	by the organization .	•				\$			
t III Loans to and/or Fro											
To be completed by organi	zations tha	nt answered "Ye	s" on Form 990, Pari	IV,I	ine 26, or Fo	orm 9	90-E	Z, Part (f		ne 38a	
Name of interested names and	(b) Loa from	an to or	(-)()			(e)	In	Appr		(g)	Writt
) Name of interested person and purpose	organiz		(c)Original principal amount	(d)∃	Balance due	defa	ult?	by boa		1 -	emer
	То	From				Yes	No	Yes	No		s 1
				-							
			🟲 \$								
Grants or Assistance						•					
				ممم	Dart IV Jun	no 27					
To be completed by org	anızatıons	s that answer								£	
	anızatıons	s that answer b) Relationship	ed "Yes" on Form					nt or ty	pe o	fassis	tance
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OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Non-Cash Contributions

Attach to Form 990 Internal Revenue Service

Inspection Name of the organization **Employer identification number** MERCY HEALTH SERVICES - IOWA CORP 31-1373080 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g

1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
	Qualified conservation contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory	X	6		COST			
	Drugs and medical supplies .	X	1	180	COST			
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe JEWELRY)	X	1	· · · · · · · · · · · · · · · · · · ·	SELLING PRICE			
	Other (describe <u>BILLBOARD</u>)	Х	1	7,400	SELLING PRICE			
	Other (describe CELLANEOUS)	Х	1	215	соѕт			
28	Other (describe)							
29	Number of Forms 8283 received which the organization completed Acknowledgement	d Form 828	3, Part IV, Donee	r for contributions for	29			
							Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	hold for at least three years from the date o	fthe initial	contribution and which is i	not required to be used for a	evemnt nurnoses	l		
	for the entire holding period?			Tot required to be asea for t	exempt purposes	20-		No
ь	If "Yes", describe the arrangeme					30a		140
31	Does the organization have a gift	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
ь 33	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	I .					

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

► Attach to Form 990. To be completed by organizations to provide additional information for

2008

Open to Public Inspection

OMB No 1545-0047

Name of the organization MERCY HEALTH SERVICES - IOWA CORP

Employer identification number

31-1373080

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF MERCY HEALTH SERVICES - IOWA, CORP IS TRINITY HEALTH - MICHIGAN SEE LINE 7 FOR ADDITIONAL INFORMATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		TRINITY HEALTH - MICHIGAN IS THE SOLE MEMBER OF MERCY HEALTH SERVICES - IOWA, CORP TRINITY HEALTH - MICHIGAN HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF MERCY HEALTH SERVICES - IOWA, CORP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		AS SOLE MEMBER, TRINITY HEALTH - MICHIGAN MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH - MICHIGAN MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING, THE FORM 990 FOR MERCY HEALTH SERVICES - IOWA, CORP IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, THE BOARD RECEIVES A COPY OF THE RETURN BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MERCY HEALTH SERVICES - IOWA, CORP HAS ADOPTED A CONFLICTS OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICTS OF INTEREST POLICY ISSUED BY THE IRS IT APPLIES TO ALL "INTERESTED PERSONS" OF MERCY HEALTH SERVICES - IOWA, CORP, WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH MERCY HEALTH SERVICES - IOWA, CORP 'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MERCY HEALTH SERVICES - IOWA, CORP OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF TRUSTEES OF MERCY HEALTH SERVICES - IOWA, CORP IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MERCY HEALTH SERVICES - IOWA, CORP ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICTS OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF MERCY HEALTH SERVICES - IOWA, CORP ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
		TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958
		GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO
		COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN
Form 990,		OFFICERS AND KEY MANAGEMENT OFFICIALS OF MERCY HEALTH SERVICES - IOWA, CORP ARE REVIEWED AT
Part VI,		LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND
Section B,		COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH
line 15		RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN
		INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT
		HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS
		OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MERCY HEALTH SERVICES - IOWA, CORP IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE

ldentifier	Return Reference	Explanation
FORM 990, PART I, DOING BUSINESS AS NAMES		FOREST PARK PHARMACY, MARIAN HEALTH CENTER, MERCY HEALTH CENTER-DUBUQUE (ST JOSEPH'S), MERCY HEALTH CENTER-DY ERSVILLE (ST MARY'S), MERCY HOME CARE-NORTH IOWA, MERCY MEDICAL CENTER-NEW HAMPTON, MERCY MEDICAL CENTER-NORTH IOWA, MERCY MEDICAL CENTER-SIOUX CITY, NORTH IOWA MERCY HEALTH CENTER, NORTH IOWA MERCY HOME HEALTHCARE, SHEFFIELD PHARMACY, ST JOSEPH COMMUNITY HOSPITAL

ldentifier	Return Reference	Explanation
CORE FORM, PART VII, SECTION A, LINE 1	TRUSTEES	SR YVONNE GELLISE, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, SR YVONNE GELLISE DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO MERCY HEALTH SERVICES - IOWA, CORP INSTEAD, A TOTAL OF \$25,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SR YVONNE GELLISE'S SERVICES SR SUZANNE BRENNAN, CSC, IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVERTY, SR SUZANNE BRENNAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO MERCY HEALTH SERVICES - IOWA, CORP INSTEAD, A TOTAL OF \$24,250 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS FOR SR SUZANNE BRENNAN'S SERVICES SR MARY MOLLISON, CSA, IS A MEMBER OF THE CONGREGATION OF SAINT AGNES HAVING TAKEN A VOW OF POVERTY, SR MARY MOLLISON DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO MERCY HEALTH SERVICES - IOWA, CORP INSTEAD, A TOTAL OF \$24,250 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF SAINT AGNES FOR SR MARY MOLLISON'S SERVICES

ldentifier	Return Reference	Explanation
CORE FORM, PART VII, SECTION A, LINE 1, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 50 HOURS JAMES BOSSCHER - 48 HOURS VELOIS BOWERS - 45 HOURS SUZANNE BRENNAN, CSC - 4 HOURS PAUL BROWNE - 45 HOURS DEBRA CANALES - 45 HOURS EDWARD CHADWICK - 45 HOURS PAUL CONLON - 45 HOURS MARIANNE CUNNINGHAM - 43 HOURS LAWRENCE DAMRON - 4 HOURS LOUIS FIERENS - 45 HOURS E PRESTON GEE - 45 HOURS YVONNE GELLISE, RSM - 42 HOURS JOY GORZEMAN - 45 HOURS AGNES HAGERTY - 48 HOURS DANIEL HALE - 45 HOURS PATRICK HAYS - 4 HOURS MICHAEL HOLPER - 45 HOURS PAUL MARCEAU - 45 HOURS MARY MOLLISON, CSA - 4 HOURS P TERRENCE O'ROURKE - 45 HOURS ANGEL SALES - 4 HOURS MICHAEL SLUBOWSKI - 50 HOURS JOSEPH SWEDISH - 50 HOURS MARIA SZYMANSKI - 45 HOURS

ldentifier	Return Reference	Explanation
CORE FORM, PART XI, LINE 2		MERCY HEALTH SERVICES - IOWA, CORP'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY09 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

DLN: 93493137011240

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization MERCY HEALTH SERVICES - IOWA CORP

Employer identification number

31-1373080

Part I Identification of Disregarded Entitie	S
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(A) Name, address, and EIN 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
CLR Investments LLC 120 W HARRIS ST CADILLAC, MI 49601 32-0008631	Real estate rental & development	MI	21,427	175,518	Trınıty Health-Mıchıgan
Saint Agnes Home Health LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	Provide home health services	CA	4,036,243	406,247	Trinity Home Health Services Inc
Saint Mary's Pharmacy LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	Pharmacy	MI	0	0	Trinity Health-Michigan
Mount Carmel Health Providers Two LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	ОН	0		MOUNT CARMEL HEALTH PROVIDERS INC
Urgent Care of MCHP LLC 10 West Broad St Ste 2100 COLUMBUS, OH 43215 20-4145781	MEDICAL SERVICES	ОН	0		MOUNT CARMEL HEALTH PROVIDERS INC

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	
See Additional Data Table						

(A) Name, address, and EIN of related organization	Prim	(B) Pary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

(5)

(6)

Part V Transactions with Related Organizations
--

Part V Transactions with Related Organizations							
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II	-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a	Yes			
b Gift, grant, or capital contribution to other organization(s)							
c Gift, grant, or capital contribution from other organization(s)							
d Loans or loan guarantees to or for other organization(s)							
e Loans or loan guarantees by other organization(s)							
f Sale of assets to other organization(s)			1f		No		
g Purchase of assets from other organization(s)							
h Exchange of assets			1h		No		
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes			
k Performance of services or membership or fundraising solicitations for other organization(s)							
I Performance of services or membership or fundraising solicitations by other org			11	Yes			
m Sharing of facilities, equipment, mailing lists, or other assets							
n Sharing of paid employees			1n		No		
Reimbursement paid to other organization for expenses			10	Yes			
p Reimbursement paid by other organization for expenses			1p	Yes			
F							
q Other transfer of cash or property to other organization(s)			1q	Yes			
r Other transfer of cash or property from other organization(s)			1r		No		
2 If the answer to any of the above is "Yes," see the instructions for information o	un who must complete this line, including sovered relations	hine and transaction threeholds					
	(B)	1					
(A) Name of other organization(s)	Transaction	(C) Amount Involved					
(1)	type(a-r)						
See							
Additional							
Data Table							
(2)							
(3)							
(4)							

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		20 of K-1		r J
			Yes	No		Yes	No		Yes	No												
			•			•	•	Sabadula	D / Form	000) 2000												

AMICARE HOSPICE SERVICES INC

BATTLE CREEK HEALTH SYSTEM

BATTLE CREEK HEALTH SYSTEM AUXILIARY

CAPITAL PARK FAMILY HEALTH CENTER INC

CATHERINE MCAULEY HEALTH SERVICES CORP

BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION

27870 CABOT DRIVE

NOVI, MI483772920

300 NORTH AVENUE

300 NORTH AVENUE

PRIMGHAR, IA51245

PRIMGHAR, IA51245

BATTLE CREEK, MI49016

BATTLE CREEK, MI49016

255 NORTH WELCH AVENUE

255 NORTH WELCH AVENUE

6150 EAST BROAD STREET

COLUMBUS, OH43213

ANN ARBOR, MI48106

Cranbrook Hospice Care

281 ENTERPRISE COURT

Diley Ridge Medical Center

COLUMBUS, OH43213

250 MERCY DRIVE

DUBUQUE, IA52001

1111 3RD STREET NW

DYERSVILLE, IA52040

6150 EAST BROAD STREET

Dubuque Mercy Health Foundation Inc

Dyersville Health Foundation Inc

1700 CLINTON ST PO BOX 3302

Hackley Hospital Self Insurance Professional Liability Trust

Hackley Visiting Nurse Services and Hospice Inc

MUSKEGON, MI494433302

MUSKEGON, MI494433302

MUSKEGON, MI494423545

Hackley Life Counseling

1352 TERRACE ST

888 TERRACE ST

MUSKEGON, MI49440

Holy Cross Carenet Inc

11801 TECH ROAD

SILVER SPRING, MD20904

1500 FOREST GLEN RD

Holy Cross Medical Center

27870 CABOT DRIVE

NOVI, MI483772920

Hospice of North Iowa

232 SECOND STREET SE

Hospice of Washtenaw II

806 AIRPORT BLVD

ANN ARBOR, MI48108

1675 LEAHY STREET

72 S STATE STREET

SHELBY, MI494551228

166 EAST GOODALE AVE

Marian Home Healthcare

SIOUX CITY, IA51101

ANN ARBOR, MI48106

281 ENTERPRISE COURT

McAuley Clinic Corporation

Mercy Amicare Home Healthcare Oakland

Mercy Amicare Home Healthcare Port Huron

Mercy General Health Partners Amicare Homecare

BLOOMFIELD HILLS, MI483020312

BATTLE CREEK, MI490372728

MUSKEGON, MI49442

Lakeshore Community Hospital Inc

MASON CITY, IA504016208

FARMINGTON HILLS, MI48333

Holy Cross Hospital Foundation Inc

Holy Cross Hospital of Silver Spring Inc

SILVER SPRING, MD209101484

BLOOMFIELD HILLS, MI48302

BAUM HARMON MERCY HOSPITAL

38-2949053

38-2776791

38-3355520

42-1500277

26-2973307

31-1387838

PO BOX 995

38-2507173

38-3320699

34-2032340

26-2227941

20-5383271 Hackley Hospital

38-1358196

PO BOX 3302

38-2299878

38-1386362

38-1359598

PO BOX 9184

52-1945054

20-8428450

52-0738041

95-1985442

42-1173708

38-3320707 HPCN

30-0207909

38-2549295 Lifespan Inc

38-3298476

38-3320705

PO BOX 992

38-2561013

38-3320698

38-3320701

26-4252468

38-3321856

2540 16TH STREET

363 FREMONT ST

PORT HURON, MI48060

Mercy Community Physicians

BATTLE CREEK, MI49017

684 HARVEY STREET

MUSKEGON, MI49442

801 5TH STREET

Return to Form

Additional Data

Software Version:

PROVIDE HOSPICE

HEALTHCARE SERVICES

SUPPORT OF TAX EXEMPT

HEALTH ORGANIZATION

A cute/A mbulatory

healthcare services

Support the services of

Operation of a federally

qualified health center

Further Trinity Health

activities, organize and

Provide hospice health

Hospital campus in Fairfield

Support the services of

Support the services of

HEALTHCARE SERVICES

Self insurance for general

Counseling, education, and

Provide home health care

rehabilitation for the elderly

Long-term care and

Charitable fundraising

HEALTHCARE SERVICES

HEALTHCARE SERVICES

(FORMERLY)

services

services

Hospice health care

Hospice health care

HEALTHCARE SERVICES

A cute healthcare services

Provide hospice health

Provide home health care

HEALTHCARE SERVICES

Provide home health care

Provide home health care

HEALTHCARE SERVICES

Provide home health care

services

services

(FORMERLY)

services

services

services

support

services

and malpractice liability

develop medical services

related hospital

(formerly)

services

County Ohio

related hospital

related hospital

SERVICES

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - I

		(C)
(A)	(B)	Legal Domicile
Name, address, and EIN of related organization	Primary Activity	(State or Foreign Country)

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(D) Exempt Code

section

501(C)(3)

(E) c charity tatus)1(c)(3)) (F)

Software ID:

rm 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizat	ions
		(c)
(A)	(B)	Legal Domicile
Name address and FIN of related organization	Primary Activity	(State

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11. TYPE III-FI

11, TYPE I

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11, TYPE II

11, TYPE I

11, TYPE I

11, TYPE I

11. TYPE I

Direct Controlling Entity

TRINITY HOME

INC

HEALTH SERVICES

TRINITY HEALTH -

MICHIGAN

BATTLE CREEK

Mercy Health

Hospital

System

Michigan

Trinity Health-

Services Inc

System

Mercy Health

Mercy Health

HEALTH SYSTEM

Services-Iowa Corp

Baum Harmon Mercy

Mount Carmel Health

Trinity Home Health

Mount Carmel Health

Services-Iowa Corp

Services-Iowa Corp

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Trinity Continuing

Holy Cross Hospital of

Silver Spring Inc

Trinity Health

Trinity Health

Mercy Health

Trinity Health-

Michigan

Services-Iowa Corp

Mercy Health Partners

Mercy Health Partners

Battle Creek Health

Services-Iowa Corp

Catherine McAuely

Health Services Corp

Trinity Home Health

Trinity Home Health

Battle Creek Health

Trinity Home Health

Services Inc

Services Inc

Services Inc

System

System

Mercy Health

Corporation

Corporation

Care Services

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza				
(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 501(c)(3))	(F) Direct Controlling Entity
Mercy Health Foundation 27870 CABOT DRIVE NOVI, MI483772920 38-2606571 Mercy Health Partners	Charitable fundraising	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
1415 LEAHY STREET	Healthcare system support	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	11, TYPE I	Mercy Medical Center- Clinton
Services Inc 27870 CABOT DRIVE NOVI, MI483772920 38-1562325	Supports malpractice contingencies of closed hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Hospital Cadillac Foundation 400 HOBART CADILLAC, MI496012331 20-3357131 Mercy Hospital Gift Shop	Support the services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
2601 FLECTRIC AVE	V olunteer Service A uxiliary	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Medical Center - Clinton Inc 1410 NORTH 4TH ST CLINTON, IA 527322940 42-1336618	To provide quality health care	DE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Mercy Medical Center - Sioux City Foundation 801 5TH STREET SIOUX CITY, IA51102 14-1880022	Support the services of related hospital	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
42-1229151	Support the services of related hospital	IA	501(C)(3)	11, TYPE III-FI	Mercy Health Services-Iowa Corp
Mercy North Homecare and Hospice 7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	Home health and hospice services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
	Provides long-term care for the elderly	MI	501(C)(3)	9	Battle Creek Health System
FARMINGTON HILLS, MI483339184 38-2719605	Provides long-term care for the elderly	MI	501(C)(3)	11, TYPE II	Trinity Continuing Care Services Inc
Midwest Medflight 1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	A eromedical transport	MI	501(C)(3)	9	Trinity Health- Michigan
Mount Carmel Care Continuum Services Corp 793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	Cooperative hospital service organization	ОН	501(C)(3)	3	Mount Carmel Health System
Mount Carmel College of Nursing 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	College of nursing	он	501(C)(3)	2	Mount Carmel Health
31-4379602	HEALTHCARE SERVICES	он	501(C)(3)	3	Mount Carmel Health System
Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781 Mount Carmel Health Plan Inc	Health Insurance	он	501(C)(4)	N/A	Mount Carmel Health System
	Medicare HMO for seniors	ОН	501(C)(4)	N/A	Mount Carmel Health System
6150 EAST BROAD STREET COLUMBUS, OH43213 31-1439334	Healthcare system management and support	он	501(C)(3)	11, TYPE I	Trinity Health Corporation
Mount Carmel Home Care LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	Provide home health care services	ОН	501(C)(3)	9	Trinity Home Health Services Inc
Mount Carmel New Albany Surgical Hospital 7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	он	501(C)(3)	3	Mount Carmel Health System
KENTWOOD, MI49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	Trinity Health- Michigan
Oakland Mercy Hospital 601 EAST 2ND STREET OAKLAND, NE68045 20-8072234	HEALTHCARE SERVICES	ΝE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Our Lady of Peace Hospital Inc 801 EAST LASALLE AVE 4TH FLOOR SOUTH BEND, IN466172814 35-2108936 Port Huron Mercy Family Care Inc	HEALTHCARE SERVICES	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Professional Med Team 965 FORK STREET MUSKEGON, MI494423257 38-2638284	Medical care, transportation and education	MI	501(C)(3)	9	Trinity Health- Michigan
Professional Office Corporation 1303 EAST HERNDON AVE FRESNO, CA93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	Saint Agnes Medical Center
Saint Agnes Medical Center 1303 EAST HERNDON AVE FRESNO, CA93720 94-1437713	HEALTHCARE SERVICES	СА	501(C)(3)	3	Trinity Health Corporation
Saint Alphonsus Building Company Inc 1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc
Saint Alphonsus Diversified Care Inc 1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc

orm 990.	Schedule R.	Part II -	Identification	of Related 1	ax-Exempt Or	ganizations	

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza	tions	ı	ı	1
(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 501(c)(3))	(F) Direct Controlling Entity
Saint Joseph Regional Medical Center - Plymouth Campus Inc 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Saint Joseph Regional Medical Center - South Bend Campus Inc PO BOX 1935 SOUTH BEND, IN466341935	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
35-0868157 Saint Joseph Regional Medical Center Inc 801 EAST LASALLE AVE SOUTH BEND, IN46617	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Trinity Health Corporation
35-1568821 Saint Joseph's Auxiliary of Marshall County 1915 LAKE AVENUE PLYMOUTH, IN46563	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	Saint Joseph Regional Medical Center - Plymouth Campus Inc
35-6043563 Saint Joseph's Tower Inc PO BOX 9184 FARMINGTON HILLS, MI483339184	Provides housing for low income elderly individuals	IN	501(C)(3)	9	Trinity Continuing Care Services-Indiana
31-1040468 Saint Mary's Amicare Home Healthcare 1430 MONROE NW GRAND RAPIDS, MI48905	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
38-3320700 Saint Mary's Doran Foundation CO Saint Mary's Health Care 200 JEFFERSON ST SE GRAND RAPIDS, MI49503	Supports services of related hospital	MI	501(C)(3)	7	Trinity Health- Michigan
38-1779602 St Alphonsus Regional Medical Center 1055 NORTH CURTIS RD	Healthcare services	ID	501(C)(3)	3	Trinity Health Corporation
BOISE, ID83706 82-0200895 St John's Health System 27870 CABOT DRIVE	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	Trinity Health Corporation
NOVI, MI483772920 35-0877584 St Joseph Mercy Oakland Foundation 44405 WOODWARD AVE	Supports services of	MI	501(C)(3)	11, TYPE I	Trınıty Health- Mıchıgan
PONTIAC, MI48341 35-2356789 St Ann's Hospital 500 SOUTH CLEVELAND AVE	related hospital	ОН	501(C)(3)	3	Mount Carmel Health System
WESTERVILLE, OH43081 31-4412701 St Joseph's Medical Center Auxiliary	SERVICES Hospital Service				Saint Joseph Regional Medical Center - South
801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285 St Joseph Hospital of Mishawaka Auxiliary	Auxiliary	IN	501(C)(4)	N/A	Bend Campus Inc The Foundation of
215 WEST FOURTH ST MISHAWAKA, IN46544 35-1089149 The Foundation of Saint Joseph Regional Medical Center	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	Saint Joseph Regional Medical Center
4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543 Trinity Continuing Care Services	Supports services of related hospital	IN	501(C)(3)	11, TYPE I	Saint Joseph Regional Medical Center Inc
PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	Management services for Long term care and senior living facilities	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
Trinity Continuing Care Services - Indiana Inc PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	Provides long-term care and residential housing	IN	501(C)(3)	9	Trinity Continuing Care Services
Trinity Health - Michigan 27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	Trinity Health Corporation
Trinity Health Corporation 27870 CABOT DRIVE NOVI, MI483772920 35-1443425	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Catholic Health Ministries
Trinity Health International 27870 CABOT DRIVE NOVI, MI483772920	Healthcare training and support services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
42-1253527 Trinity Health Welfare Benefit Trust 27870 CABOT DRIVE NOVI, MI483772920	Retiree medical and retiree life insurance coverage	MI	501(C)(9)	N/A	Trinity Health Corporation
20-8151733 Trinity Home Health Services Inc 17410 COLLEGE PARKWAY LIVONIA, MI48152	Home health care system management services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
38-2621935					I

Form 990, Schedule R, Pa	rt III - Identification	of Rela	ted Organiza	ations Taxab	le as a Partnersh	ip	l "			((1)
(A) Name, address, and EIN of related organization	(B) Primary activity	Legal Domicile (State or	(D) Direct Controlling Entity	(E) Predominant income(related, investment,	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Dısprop allocatı	ortionate	(I) Code V-UBI amount on Box 20 of Schedule	Ger Man	neral or aging tner?
		Foreign Country)		unrelated) [*]			Yes	No	K-1 (Form 1065) (\$)	Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No
5325 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297 ADVENT REHABILITATION LLC	NADIO EO GIJINAGING										
	REHABILITATION THERAPY SERVICES	МІ	N/A	N/A				No			Νο
	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			No
775 SOUTH MAIN STREET CHELSEA, MI48118 38-2910400 CENTRAL OHIO SLEEP MEDICINE LTD	LABORATORY	MI	N/A	N/A				No			No
5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029 CLINTON IMAGING	SLEEP MEDICINE SERVICES	ОН	N/A	N/A				No			No
	MRI DIAGNOSTIC SERVICES		N/A MERCY	N/A				No			No
1000 4TH STREET SW	X-RAY AND MAMMOGRAPHY SERVICES	IA	HEALTH	RELATED	807,318	752,547		No		Yes	
LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LA BO RA TO RY	MI	N/A	N/A				No			No
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA93720 77-0363563 HAWARDEN COMMUNITY	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No
CLINIC LLC 1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No
	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			Νο
1416 SIXTH STREET SW	MRI SERVICES	IA	MERCY HEALTH SERVICES- IOWA CORP DBA MERCY MEDICAL	RELATED	1,539,614	521		No		Yes	
MASON CITY, IA50401 42-1328388			MEDICAL CENTER-N IO WA MERCY HEALTH								
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	SERVICES- IOWA CORP	RELATED	1,798,801	2,664,685		No		Yes	
793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			No
793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			No
I JOS W STATE STREET	MEDICAL OFFICE BUILDING RENTAL		N/A MERCY	N/A				No			No
	CARDIOVASCULAR SERVICES	IA	HEALTH SERVICES- IOWA CORP	RELATED	1,202,814	903,242		No			Νο
215 WEST MADISON STREET	COMMUNITY BASED CLINICAL INFORMATION SYSTEM	IN	N/A	N/A				No			No
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP	MEDICAL OFFICE	он	N/A	N/A				No			No
COLUMBUS, OH43222 31-1369473 NEWCO AMBULATORY SURGERY CTR LLP	BUILDING RENTAL OUTPATIENT SURGERY										
4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708 PLAZA SURGICAL CENTER	CENTER		N/A	N/A				N o			N o
FRESNO, CA937297230 37-1463357 RIVERVIEW MEDICAL	AMBULATORY SURGERY	CA	N/A	N/A				No			No
	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			Νο
SAINT ALPHONSUS NEPHROLOGY CENTER LLC 4487 N DRESDEN PL STE 101	NEPHROLOGY SERVICES	ID	N/A	N/A				No			No
I 23/364 I H S I S I E 2200 I	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No
20-2443646 ST ALPHONSUS CALDWELL CANCER CTR LLC											
3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No
	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			Νο
31-1603660 TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No
DONNELLY, ID83615 20-1637921 WESTAR MEDICAL OFFICE BUILDING LIMITED	MEDICAL OFFICE	0	N/A	N/A				DI.			
	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			No
	RADIO LO GY/IMA GING	MI	N/A	N/A				No			Νο

Form 990, Schedule R, Part IV - Ide (A)	ntification of Re	elated Organiza			n or Trust	I	I
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
	MEDICAL SERVICES	MI	N/A	С			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	С			
MUSKEGON MIAGAA2	OTHER MEDICAL SERVICES	MI	N/A	С			
1415 LEAHY SI MUSKEGON MI49442	HOME MEDICAL EQUIPMENT	MI	N/A	С			
HACKLEY ORTHOTICS & PROSTHETICS 1415 LEAHY ST MUSKEGON, MI49442 38-2999815	HEALTHCARE SERVICES	MI	N/A	С			
	REAL ESTATE RENTAL	MI	N/A	С			
38-2447870	PHARMACY	MI	N/A	С			
	OFFICE STAFFING	MI	N/A	С			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	С			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	ΜΙ	N/A	С			
	HEALTHCARE HOLDING	MD	N/A	С			
1830-44TH STDEET	OCCUPATIONAL HEALTH SERVICES	ΜI	N/A	С			
PORT HURON, MI48060	RETAIL PHARMACY	МІ	N/A	С			
38-2721029 MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS		MERCY HEALTH SERVICES-IOWA CORP	С	-6,571,068	12,440,576	100 000 %
MICHIGAN PHYSICIAN SERVICES	PHYSICIAN SERVICES	MI	N/A	С			
	ATHLETIC CLUB	MI	N/A	С			
COLUMBUS, OH43213	BEHAVIORAL HEALTHCARE SERVICES	он	N/A	С			
31-0971510 MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	ОН	N/A	С			
COLUMBUS, OH43213	MEDICAL SERVICES	он	N/A	С			
31-1382442 NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401	MEDICAL SERVICES	τ Δ	MERCY HEALTH SERVICES-IOWA CORP	С			100 000 %
COLUMBUS, OH43213	HEALTH MANAGEMENT SERVICES	он	N/A	С			
PRIORITY PLUS OF CALIFORNIA PO BOX 25790 FRESNO, CA93729 77-0395267	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY ALL	CA	N/A	С			
SAINT ALPHONSUS PHYSICIAN SERVICES INC 1055 NORTH CURTIS ROAD BOISE, ID83706 82-0477852	OPERATIONS PHYSICIAN CLINICS	ID	N/A	С			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	N/A	С			
GRAND RAPIDS, M149546	ATHLETIC CLUB	МІ	N/A	С			
6150 EAST BROAD STREET	FINANCE, INSURANCE AND REAL ESTATE	ОН	N/A	С			
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920	GRANTOR TRUST	MI	N/A	Т			
38-3410377 TRINITY HEALTH SELF-INSURANCE PLAN 27870 CABOT DRIVE NOVI, MI483772920 38-6742154	GRANTOR TRUST	MI	N/A	Т			
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND 27870 CABOT DRIVE NOVI, MI483772920	GRANTOR TRUST	MI	N/A	т			
38-6742157 VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN	PROVISION OF INSURANCE COVERAGE	CJ	N/A	С			
1820 44TH STREET KENTWOOD, MI49508	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	С			
38-3280200 WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI49442 38-3112035	O C C U P A T I O N A L H E A L T H	MI	N/A	С			

FOIII	990, Schedule R, Part V - Transactions with Related Organizations (A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	TRINITY HEALTH CORPORATION	В	9,518,588
(2)	TRINITY HEALTH CORPORATION]	552,488
(3)	TRINITY HEALTH CORPORATION	С	439,730
(4)	TRINITY HEALTH CORPORATION	L	44,150,969
(5)	TRINITY HEALTH CORPORATION	К	1,702,457
(6)	TRINITY HEALTH CORPORATION	Р	2,610,864
(7)	TRINITY HEALTH CORPORATION	0	30,584,665
(8)	TRINITY HEALTH CORPORATION	Q	8,972,357
(9)	DUBUQUE MERCY HEALTH FOUNDATION	С	90,306
(10)	MERCY HEART CTR OP SERVICES LLC	А	166,699
(11)	MERCY HEART CTR OP SERVICES LLC	С	1,167,050
(12)	MERCY HEART CTR OP SERVICES LLC	К	944,083
(13)	MERCY HEART CTR OP SERVICES LLC	L	6,952,273
(14)	MERCY HEART CTR OP SERVICES LLC	Р	1,122,782
(15)	MASON CITY AMBULATORY SURGERY CENTER LLC	С	1,587,702
(16)	MASON CITY AMBULATORY SURGERY CENTER LLC	К	253,533
(17)	FOREST PARK IMAGING LLC	А	313,741
(18)	FOREST PARK IMAGING LLC	С	967,097
(19)	FOREST PARK IMAGING LLC	К	2,454,003
(20)	FOREST PARK IMAGING LLC	L	11,639,858
(21)	FOREST PARK IMAGING LLC	Р	384,802
(22)	HOSPICE OF NORTH IO WA	К	878,124
(23)	HOSPICE OF NORTH IO WA	L	187,112
(24)	MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	В	561,517
(25)	MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	С	169,094
(26)	BAUM HARMON MERCY HOSPITAL	С	1,287,463
(27)	OAKLAND MERCY HOSPITAL	С	1,573,767
(28)	MARIAN HOME HEALTHCARE	С	220,275
(29)	MERCY MEDICAL SERVICES	В	9,945,028
(30)	MERCY MEDICAL SERVICES	К	1,536,591

Form 9	Form 990, Schedule R, Part V - Transactions with Related Organizations										
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)								
(31)	MERCY MEDICAL SERVICES	L	1,352,621								
(32)	MERCY MEDICAL SERVICES	А	93,964								
(33)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	В	300,716								

(34)

MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION

Software ID: Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(-)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JOSEPH SWEDISH , TRINITY PRES & CEO	5 00	Х		х				0	1,969,033	688,880	
PATRICK HAYS , CHAIR	2 00	Х		Х				0	50,000	0	
LAWRENCE DAMRON , VICE-CHAIR THROUGH 12/08	2 00	Х		х				0	25,000	0	
SUZANNE BRENNAN CSC , TRUSTEE	2 00	Х						0	0	0	
MARY MOLLISON CSA , TRUSTEE	2 00	Х						0	0	0	
YVONNE GELLISE RSM , TRUSTEE THROUGH 12/08	2 00	Х						0	0	0	
ANGEL SALES , TRUSTEE AS OF 1/09	2 00	X						0	11,000	0	
DANIEL HALE, SECRETARY	5 00			Х				0	894,969	164,768	
EDWARD CHADWICK , TREAS & CFO THROUGH 1/09	5 00			х				0	708,646	168,018	
AGNES HAGERTY , ASST SEC/VP&GEN COUNSEL	2 00			Х				0	385,370	58,319	
JAMES BOSSCHER , ASST TR/TREAS AS OF 2/09	2 00			х				0	334,663	33,921	
MARIANNE CUNNINGHAM , ASST TREAS AS OF 2/09	2 00			х				0	166,878	13,696	
KEDRICK ADKINS , TRINITY PRES INTEG SVCS	5 00				Х			0	1,185,289	111,112	
MICHAEL SLUBOWSKI , TRIN PRES HLTH&HOSP NTWK	5 00				х			0	1,319,103	184,485	
PAUL DOUGHERTY , CEO-SC THRU 5/15/09	50 00				х			0	514,693	85,435	
JAMES FITZPATRICK , CEO-MASON CITY (MC)	50 00				x			0	589,207	79,760	
RUSSELL KNIGHT , CEO-DUBUQUE (DUB)	50 00				x			0	459,504	62,709	
MARILYN KAPTAIN-DAHLEN , COO- SIOUX CITY (SC)	50 00				х			0	304,525	74,865	
MELVIN GOIN , CFO-SC THROUGH 9/08	50 00				х			0	295,038	258,884	
GARY GUETZKO , INTERIM CFO-SC 1/09-5/09	50 00				х			0	231,007	45,889	
LARRY SELLERS , CMO-SIOUX CITY (SC)	50 00				x			0	496,892	<u>, </u>	
SCOTT E WELLS , VP-SC, PAT CARE	50 00				Х			0	224,518		
LINDA KREI, VP-SC, HR & ORG INTG JAREN JOHNSON, VP-SC, BUS	50 00 50 00				X			0	221,538 164,281	24,221 18,407	
DEVEL FSCOTT LEIGHTY , COO-MASON	50 00				X			0	323,630	32,667	
CITY RODNEY SCHLADER , VP-MC, FISCAL SERVICES	50 00				X			0	302,194	56,408	
DOUGLAS MORSE , SVP MC, NTWK/CLINIC MGMT	50 00				Х			0	259,543	20,186	
MARY EBELING , VP-MC, PAT SERVICES	50 00				х			0	234,387	82,447	
KIM PRICE , VP-MC, PHYS SUPP SVCS	50 00				Х			0	164,224	35,230	
ROBERT SHAFER , CFO-DUBUQUE	50 00				Х			124,143	36,274	30,062	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KAY TAKES , VP-DUB, PATIENT CARE	50 00				Х			0	201,426	29,132
BERNARD FOX , VP-DUB, PROF & SUPP SVCS	50 00				x			0	185,035	46,614
CARL PLANK , PHYSICIAN, DERMATOLOGY	50 00					х		564,630	0	128,793
PHILLIP ALSCHER , PHYSICIAN, NEPHROLOGY	50 00					х		482,625	0	102,270
JAMES KARKOS , PHYSICIAN, DERMATOLOGY	50 00					Х		455,728	0	112,918
MARK HAGANMAN , PHYSICIAN, FAMILY MED	50 00					х		461,056	0	86,635
THOO H TAN , PHYSICIAN, OB/GYN	50 00					Х		469,987	0	84,171
JAMES HENDRICKS , FORMER DIRECTOR	0 00						х	0	12,500	0
WILLIAM KREYKES , FORMER DIRECTOR	0 00						х	0	16,000	0
PAUL BROWNE , FORMER KEY EMPLOYEE	5 00						х	0	634,450	71,548
DEBRA CANALES , FORMER KEY EMPLOYEE	5 00						х	0	751,166	55,782
MORLEY ROBBINS , FORMER KEY EMPLOYEE	0 00						х	0	344,643	51,473
VELOIS BOWERS , FORMER KEY EMPLOYEE	5 00						х	0	402,432	32,022
PAUL CONLON , FORMER KEY EMPLOYEE	5 00						х	0	438,929	99,499
LOUIS FIERENS , FORMER KEY EMPLOYEE	5 00						х	0	505,487	51,051
E PRESTON GEE , FORMER KEY EMPLOYEE	5 00						х	0	217,862	32,026
JOY GORZEMAN , FORMER KEY EMPLOYEE	5 00						х	0	480,388	21,548
MICHAEL HOLPER , FORMER KEY EMPLOYEE	5 00						х	0	396,647	56,419
PAUL MARCEAU , FORMER KEY EMPLOYEE	5 00						х	0	227,313	80,874
P TERRENCE O'ROURKE, FORMER KEY EMPLOYEE	5 00						х	0	360,271	40,650
MARIA SZYMANSKI , FORMER KEY EMPLOYEE	5 00						х	0	598,414	98,820