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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

OMB No 1545-0047 2008

Λ Fο	r the	2008 cale	ndar vea	nr, or tax year beginning 07-0:	1-2008 and ending 06-30-200	19		Inspection
			-	C Name of organization	1-2006 and ending 00-30-200	13	D Employer id	entification number
_	еск іт а <sub>l</sub> Iress ch		lease se IRS	MERCY MEDICAL CENTER - CLIN	NTON INC		42-13366:	1 0
		lange	bel or	Doing Business As			E Telephone n	
_	ne cha	ty	rint or vpe. See	MERCY MEDICAL CENTER-CLINT	ON		(563) 244-	5555
Init	ıal retu		pecific struc-		ıf mail is not delivered to street addre	ess) Room/sur	te	ots \$ 87,067,265
Ten	mınatıo	on <b>ti</b>	ons.	1410 NORTH 4TH STREET			d dross receip	<b>7.5</b> \$ 07,007,203
Am	ended	return		City or town, state or country, a	nd ZIP + 4			
— App	lication	n pending		CLINTON, IA 527322940				
		_	E Nan	Land address of Principal O	ficar	l	<b></b>	
				MANGIN	incer		:his a group returi liates?	n for
				NORTH 4TH STREET			ilates.	1 165 1 110
				ON,IA 527322940	<b>_</b>	H(b) Are	all affiliates includ	led?
I lax	x-exem	npt status	<b>5</b> 01(c)	) ( 3 ) ◀ (insert no )	(1) or   527			t See instructions )
J W	eb sit	e: 🕨 WWW	MERCY	CLINTON COM		H(c) Gr	oup Exemption Nu	umber 🟲
						<u> </u>		
<b>К</b> Туре	e of org	ganization 🔽	Corporat	tion trust association othe	r <b>►</b>	<b>L</b> Year of	Formation 1989 M	State of legal domicile DE
Pai	rt I	Summa	ary					
	1	Briefly des	cribe th	ie organization's mission or m	ost significant activities			
e e		TO PROV	IDE QU	ALITY HEALTH CARE				
≧			-					
፸								
<u>ē</u>	2	Chack this	hov —	if the organization discontinu	ed its operations or disposed (	of more than	25% of its asset	te
Governance			,		dy (Part VI, line 1a)			17
			-					13
8					governing body (Part VI, line 1	D)	_ `	
Ę				nployees (Part V, line 2a) .			5 .	1,104
Activities &				olunteers (estimate if necessa	• •		6 .	394
Q.		-			art VIII, line 12, column (C)		7a <sub>.</sub>	78,091
	ь	Net unrela	ted busi	iness taxable income from Fo	rm 990-T, line 34		7Ь	27,451
						Р	rior Year	Current Year
٥.	8	Contribut	tions and	d grants (Part VIII, line 1h)		45,529	27,177	
Revenue	9	Program	service	revenue (Part VIII, line 2g)		•	85,994,212	84,117,808
e Ae	10	Investme	ent incor	me (Part VIII, column (A), lın		805,346	-2,001,007	
#	11	Other rev	/enue (P	art VIII, column (A), lines 5	. 6d, 8c, 9c, 10c, and 11e)		1,693,284	1,774,783
	12		enue—a	dd lines 8 through 11 (must e	equal Part VIII, column (A), lır	ie	00 520 271	83,918,761
		12)			(1)		88,538,371	<u> </u>
	13			ar amounts paid (Part IX, colu	, ,,		32,745	31,883
	14		•	or for members (Part IX, colur	• • • •			0
<b>\$</b> ?	15	Salaries, 10)	otherco	ompensation, employee benef	fits (Part IX, column (A), lines	5 –	43,155,722	39,862,283
Expenses	16a	•	nal fund	draising fees (Part IX, column	(A) line 11a)		,,,	00,000,000
क्	_							
చ	Ь	,	_	penses, Part IX, column (D), line 25	•			
	17			(Part IX, column (A), lines 11			40,119,337	44,718,215
	18				l Part IX, line 25, column (A))		83,307,804	84,612,381
	19	Revenue	less exp	penses Subtract line 18 from	line 12		5,230,567	-693,620
\$ 0 € 8						Begin	ning of Year	End of Year
ege Segen	20	Total ass	ets (Par	rt X, line 16)			105,189,308	95,434,554
AS B	21	Total liab	oilities (F	Part X, line 26)			32,706,144	30,873,661
Net Assets or Fund Balances	22		•	nd balances Subtract line 21	from line 20		72,483,164	64,560,893
	1 II	Signat					. = , . 55 , 1 6 4	31,300,093
ГŒТ					ed this return, including accompanying	s schodulos an	d statements, and to	the hest of my knowledge
					of preparer (other than officer) is base			
Plea		<b>I</b>				20:	10-05-06	
Sign		Signatui	re of office	er		Da	te	
Here	2	PAUL MA	ANGIN CF	O & VP FINANCE				
				ne and title				
		Preparer's			Date	Check If	Preparer's PTIN	(See Gen Inst )
Paid		signature	•			self- empolyed 🕨 🕻	_   '	•
	arer's	Eirm/a nam	lor us	- h		cimpolyed F		
Use (		Firm's name if self-emple	oyed),	` <b>)</b>			EIN ►	
J 30 C	-···y	address, an	d ZIP + 4	,			Diam'r.	
							Phone no 🕨	
May t	he IR	S discuss t	this retu	rn with the preparer shown at	oove? (See instructions)			┌ Yes ┌ No

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

1	Briefly describe the organization's mission TO PROVIDE QUALITY HEALTHCARE - SEE SCHE	DULE H FOR MORE INFO	RMATION		
2	Did the organization undertake any sig	gnificant program se	rvices during the yea	r which were not listed on	F., F.,
	the prior Form 990 or 990-EZ? If "Yes," describe these new services				☐ Yes ☑ No
3	Did the organization cease conducting		changes in how it co	nducts any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reveni	ns and 4947(a)(1) t	rusts are required to	report the amount of grants	
4a	(Code ) (Expenses \$ MERCY MEDICAL CENTER - CLINTON, INC ( AREA LYING IN THE IOWA/ILINOIS MISSISSI DEMENTIA CARE UNIT RECOGNIZING CURR SUCH AS RADIATION ONCOLOGY, RENAL DIA HEALTH UNDER ITS CORPORATE STRUCTURI	PPI VALLEY THE HOSPITA ENT AND FUTURE HEALTI LYSIS AND OTHER OUTPA	AL OPERATES 342 LICENSE H CARE NEEDS, THE HOSF	ED BEDS, INCLUDING 183 LONG-TE PITAL IS CONTINUALLY DEVELOPIN	ERM CARE BEDS AND A 23-BED G STATE-OF-THE-ART SERVICES
4b	(Code ) (Expenses \$ THE MISSION STATEMENT FOR MERCY MEDI	CAL CENTED_CLINTON IS	including grants of \$	) (Revenue \$	) S TO WORK TOGETHER AND WITH
	OTHERS TO CONTINUE THE HEALING MINIST VALUES OF COMPASSION, RESPECT, CONCER	RY OF THE CHURCH, PR	OMOTING THE WELL-BEIN	G OF PEOPLE IN THE COMMUNITIE	
<b>4c</b>	(Code ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Describe ii	n Schedule O )			
•	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses \$	71,733,230	) Must equal Part IX	(, Line 25, column (B).	

Form **990** (2008)

art TV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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, Part II	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
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		Νο
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		Νο
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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? If "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		Νο
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			N o
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	Yes	
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)

			163	110
8	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	28a		No
		20a		110
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
3	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		Νο
<b>34</b>	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	
5	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	
6	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		No
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, Part VI	37		No

Pai	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	161		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	e		
	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	1,104		
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 the	nis		
	return?	. 3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> 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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib Tax Shelter Transaction?	ited <b>5c</b>		
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts		
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	red to <b>7c</b>		No
а	If "Yes," indicate the number of Forms 8282 filed during the year	· · / / /		I NO
-	The symmetric file manifest of totals of 202 med during the year 1. 1. 1.			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	il . 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	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, excess business holdings at any time during the	have 8		
9	year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	- 52		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
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? $\cdot$	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing	Body and	Management		

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 17			
Ь	Enter the number of voting members that are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	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
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		No

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	
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		N o
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### 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 another's website upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAUL MANGIN 1410 NORTH 4TH STREET CLINTON, IA 527322940 (563) 244-5555

# 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		Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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
							-			

## Part VII Continued

	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Оппо	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
			1							
		-					+			
							1			
							$\vdash$			
1b Total					-		<b>-</b>	1,185,760	6,018,611	1,357,313

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
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 J for such person	5		No

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CLINTON ER ASSOCIATES PLC 417 BUTTERNUT LANE IOWA CITY, IA 52246	ER PHYSICIAN SVCS	1,756,515
AGILITY HEALTH PROFESSIONALS 560 FIFTH STREET NW GRAND RAPIDS, MI 49504	REHABILITATION SERVICES	638,850
UNIVERSITY OF IOWA HOSPITALS & CLINICS 200 HAWKINS DRIVE IOWA CITY, IA 52242	PHARMACY & ONCOLOGY SVCS	356,370
CRESCENT LAUNDRY INC 2422 ROCKINGHAM ROAD DAVENPORT, IA 52802	LAUNDRY SERVICES	330,806
HEALTH ENTERPRISES OF IOWA 4250 GLASS ROAD NE CEDAR RAPIDS, IA 52402	IMAGING SERVICES	292,090
Total number of independent contractors (including those in 1) who rec from the organization	, ,	24

# 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
1.4	1a	Federated cam	npaigns 1a					·
unts Ints	b	Membership di	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	<b>1b</b> rents					
ffs, raff			1c					
<u> </u>	d	Related organi						
ons sin	е	Government gran		19,165				
utí Ref	f		ions, gifts, grants, and iot included above					
きき	g	Noncash contr	<b>1f</b> ributions included in					
i i	9	lines 1a-1f \$						
,,	h		es 1a-1f)		27,177			
				Business Code				
nue	2a	NET PATIENT SVC	REV	900,099	83,784,950	83,784,950		
еле!	ь	PHARMACY REVEN	NUE	446,110	254,767			254,767
еВ	c	LABORATORY UBI		621,500	77,015		77,015	
rve	d	PARTNERSHIP UB	I	621,500	1,076		1,076	
38.	e							
Program Service Revenue	f	All other progr	am service revenue					
Prος	g	Total. Add line ► \$ 84,117,808	es 2a-2f					
	3		come (including divi	dends, ınterest				
		other sımılar a	mounts)		895,358			895,358
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .		-				
		[	(ı) Real	(II) Personal				
	6a	Gross Rents	231,656	, ,				
	ь	Less rental expenses	81,311					
	с	Rental income	150,345					
	d	or (loss) Net rental inco	ome or (loss)		150,345			150,345
			(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	170,828				
		from sales of assets other						
	ь	than inventory Less cost or	2,965,039	102,154				
		other basis and sales expenses	, ,	,				
	С	Gain or (loss)	-2,965,039	68,674				
	d	Net gaın or (lo		▶	-2,896,365			-2,896,365
	8a		from fundraising					
		events (not inc						
e		\$ of contribution	 s reported on line					
듄		1c) See Part I						
Re			· · · · · a					
10	ь	Less directe	xpensesb					
Other Revenue	с	Net income or	(loss) from fundrais	ing events				
_	9a	Gross income						
		activities See Complete Sched	part IV , line 19 dule G if total					
		exceeds \$15,00						
			a					
	b c		kpensesb (loss) from gaming a	activities				
		· · ·	(1033) Holli gallillig (	►				
	10a	Gross sales of returns and all	inventory, less					
			a					
	ь	Less cost of g	goods sold <b>b</b>					
	С		(loss) from sales of					
		Miscellaneou		Business Code	4 300 755	1 300 755		
	11a	OTHER REVE	NUE	900,099	1,200,755	1,200,755		433.635
	Ь	CAFETERIA		900,099	423,683			423,683
	С							
	d		nue					
	e	Total. Add line	es 11a-11d	 \$ 1,624,438				
	12		. Add lines 1h, 2g, 3		83,918,761	84,985,705	78,091	-1,172,212
		8c, 9c. 10c. and 1	1e	. ▶				
	ı	50, 100, and 1		• "!				Form <b>990</b> (2008)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	31,883	31,883				
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	1,276,174		1,276,174			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	301,641	301,641				
7	Other salaries and wages	31,700,033	29,844,291				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,064,742	1,054,473	10,269			
9	Other employee benefits	2,862,491	2,679,330	183,161			
10	Payroll taxes	2,657,202	2,181,611	475,591			
11	Fees for services (non-employees)						
а	Management	102,693	102,693				
ь	Legal	210,274	2,766	207,508			
c	Accounting						
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	7,378,098	6,649,704	728,394			
12	Advertising and promotion	242,974	21,555	221,419			
13	Office expenses	12,208,439	11,893,520	314,919			
14	Information technology	3,630,618	1,974	3,628,644			
15	Royalties						
16	Occupancy	1,257,637	1,242,694	14,943			
17	Travel	225,299	190,753	34,546			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	13,894	12,853	1,041			
20	Interest	793,562	793,562				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	7,213,739	6,676,908	536,831			
23	Insurance	109,782	109,782				
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	5,203,174	5,203,174				
b	CONTRACT LABOR	2,615,165	1,090,627	1,524,538			
c	INTERCO PURCHASED SVCS	1,777,670	129,279	1,648,391			
d	EQUIPMENT MAINTENANCE	1,192,111	1,185,007	7,104			
е	UBI TAXES	35,063		35,063			
f	All other expenses	508,023	333,150	174,873			
25	Total functional expenses. Add lines 1 through 24f	84,612,381	71,733,230	12,879,151	0		
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		·				

Part X	Balance	Sheet

					(A)		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year 1.252.282	1	1,501,619
	2	Savings and temporary cash investments			1,202,202	2	1,001,010
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			11,080,158	4	8,400,627
	5	Receivables from current and former officers, directors, trustee			11,000,100	-	0,400,027
		other related parties				5	49,797
	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				7	
	8	Inventories for sale or use			1,458,798	8	1,334,988
ş	9	Prepaid expenses and deferred charges			130,185	9	85,027
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	107,700,810			
	ь	Less accumulated depreciation Complete Part VI of		, ,			
		Schedule D	10Ь	73,310,380	37,995,490	10c	34,390,430
	11	Investments—publicly traded securities			24,019,166	11	23,693,628
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	22,915,608	12	19,617,337
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	II		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		6,337,621		6,361,101	
					405 400 000	15	05 404 554
	16	Total assets. Add lines 1 through 15 (must equal line 34)			105,189,308		95,434,554
	17	Accounts payable and accrued expenses .		11,134,464	17	9,487,045	
	18	Grants payable		18			
	19	Deferred revenue				19	
Ø.	20	Tax-exempt bond liabilities			20	20.475	
Œje	21	Escrow account liability Complete Part IV of Schedule D	•		21	22,175	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•		23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		21,571,680	25	21,364,441	
	26	Total liabilities. Add lines 17 through 25			32,706,144	26	30,873,661
\$ 0.0		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete I	ines 27			
Balance	27	Unrestricted net assets			72,483,164	27	64,560,893
89  -	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		29			
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd com	ıplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			72,483,164		64,560,893
	34	Total liabilities and net assets/fund balances			105,189,308	34	95,434,554
Pa	rt XI	Financial Statements and Reporting					


			res	140
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?	2b		Νo
c	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?	За	Yes	
ь	If "Yes." did the organization undergo the required audit or audits?	3b	Yes	

**Employer identification number** 

## DLN: 93493126000120

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

OMB No 1545-0047

Open to Public Inspection

		CAL CENTER -	CLINTON INC						proyer rac		abc.	
									42-1336618			
	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 <b>Section 170(b)(1)(A)(i).</b>										
2	<u> </u>			i <b>on 170(b)(1)(A)(ii).</b> (Attac								
3	<u> </u>	•	·	e hospital service organizati			-		- '		•	
4	ı		<del>-</del>	zatıon operated ın conjunctı	on with a l	nospital d	escribed ii	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	r operated	l 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 u	ınıt or fror	n the gene	eral public	
	_		-	o)(1)(A)(vi) (Complete Par	•							
8	<u> </u>		•	ed in <b>Section 170(b)(1)(A)</b>		•	•					
9	ı			ally receives (1) more than								
		•		ated to its exempt functions	-		•		•			
			-	estment income and unrelate			-			x) from bu	sinesses	
10	_		=	on after June 30, 1975 See					-			
10	<u> </u>	_	<del>-</del>	and operated exclusively to	-		-				· ·	
11	ı	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 <b>Section 509(a)(3).</b> Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h									(-)(-)	
		аГ⊺	• •		′ '		nally Integ	•	d		III - Other	
е				rtify that the organization is							•	
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations	described	in section	1509(a)(1) or	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
		check this	box								Ť Ė	
g		_		as the organization accepted	d any gift	or contrib	utıon from	any of the	)			
		following pe (i) a persoi		r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No	
				ng body of the the supported					(,	11g		
			· -	erson described in (i) above	-					11g(		
			•	ty of a person described in (		oove?				11g(		
h				nation about the organizatio			supports					
			-	-	_							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	s the	(vii) A mount of	
		oorted		(described on lines 1-9		ation in		inization		ation in	support?	
	Organization			above or IRC section (See Instructions))	col (i) your go		ın col (i supr	i) of your		rganized US?		
				(See Histractions))		nent?	Supp	יטוני	iii tiie	03,		
					Yes	No	Yes	No	Yes	No	-	
-												
								i		1	<u> </u>	

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> 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	<b>▶</b> □
	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>(b)</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>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	<b>Supplemental Information.</b> 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

# Software ID: Software Version:

**EIN:** 42-1336618

Name: MERCY MEDICAL CENTER - CLINTON INC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non ( hat a	chec		I			(E) (F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustea or Errector	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
MARY CONNELL , DIRECTOR	1 00	Х						0	0	0
DONNA OLIVER , PRESIDENT & CEO	50 00	Х		Х				0	365,592	42,471
WILLIAM COTTER , DIRECTOR	1 00	Х						0	0	0
STEPHEN HARRISON MD , DIRECTOR	1 00	Х						6,958	0	0
CORITA HEID RSM , DIRECTOR	1 00	Х						0	0	0
GABRIELLE HOEFER RSM , DIRECTOR	1 00	Х						0	0	0
JUERGEN HOLL MD , DIRECTOR	1 00	Х						0	0	0
PETER KARADJOFF , DIRECTOR	1 00	Х						0	357,843	45,623
JAMES OLNEY MD , DIRECTOR	1 00	Х						0	0	0
RICHARD J OLSEN , DIRECTOR	1 00	Х						0	0	0
DOROTHY SCHWENDINGEROSF, DIRECTOR	1 00	Х						0	0	0
CHRISTOPHER VENS , CHAIR UNTIL 12/08	1 00	Х		х				0	0	0
KAREN VICKERS , DIR/V CHAIR AS OF 1/09	1 00	Х		х				0	0	0
LAMETTA WYNN V CHAIR , UNTIL 12/08 , CHAIR 1/09	1 00	Х		х				0	0	0
THOMAS FULLERTON , DIRECTOR	1 00	Х						0	0	0
VICTORIA ARNDORFER RSM , DIRECTOR	1 00	Х						0	0	0
BRUCE CHRISTENSEN , DIRECTOR	1 00	Х						0	0	0
pauL MANGIN , CFO & VP FINANCE/TREAS	50 00			х				0	219,756	44,006
MARILYN HEIAR , SECRETARY	40 00			Х				37,835	0	17,268
JOAN NOE , VP MISSION	50 00				Х			0	169,667	28,106
RODNEY TOKHEIM , VP BUSINESS DEVELOPMENT	50 00				×			0	156,299	34,976
AMY E BERENTES , VP, PATIENT CARE	50 00				Х			0	150,958	19,699
JOSEPH SWEDISH , TRINITY HEALTH PRES&CEO	2 00				×			0	1,969,033	688,880
KEDRICK ADKINS , TRINITY PRES INTEG SVCS	2 00				×			0	1,185,289	111,112
MICHAEL SLUBOWSKI , TRIN PRES HLTH&HOSP NTWK	2 00				×			0	1,319,103	184,485
KENT JORGENSEN , VP AGING SERVICES	50 00					Х		0	125,071	32,427
DOUGLAS T CODY MD , PHYSICIAN	50 00					Х		291,224	0	19,278
MOHAMMED IRSHAD MD , PHYS , GASTROENTEROLOGY	50 00					Х		624,974	0	21,910
JOHN PERUSHEK , ADMINISTRATOR	50 00					Х		120,116	0	33,985
LYNETTE MIKESH , PHARMACIST	50 00					Х		104,653	0	33,087

# **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

Department of the Treasury Internal Revenue Service

**SCHEDULE C** (Form 990 or 990-EZ)

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

	ame of the organization RCY MEDICAL CENTER - CLINTON IN	^		Employer iden	tıfıcatıon number		
ME	RCT MEDICAL CENTER - CLINTON IN	<u></u>		42-1336618			
Par		by all organizations exemplee the instructions for Schedul			527		
1	Provide a description of the	organization's direct and indirect po	litical campaign act	ivities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours						
Par	<b>To be completed</b> for Schedule C for	by all organizations exemp	ot under section	n <b>501(c)(3).</b> (See the	instructions		
1	Enter the amount of any exc	se tax incurred by the organization	under section 4955		\$		
2	Enter the amount of any exc	se tax incurred by organization man	nagers under sectio	n 4955	\$		
3	If the organization incurred i	n a section 4955 tax, did it file Forn	n 4720 for this year	-?	┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
b	If "Yes," describe in Part IV						
Par		by all organizations exempns for Schedule C for details.)	ot under section	n 501(c), except sect	ion 501(c)(3).		
1	Enter the amount directly ex	pended by the filing organization for	section 527 exemp	ot function activities	\$		
2	Enter the amount of the filing 527 exempt funtion activitie	ı organızatıon's ınternal funds contrı s	buted to other orga	nizations for section	\$		
3	Total of direct and indirect e 1120-POL, line 17b	xempt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Enter the amoun political contributions receiv	and Employer Identification Numbe t paid and indicate if the amount was ed and promptly and directly delive I action committee (PAC) If additio	s paid from the filing red to a separate po	j organization's own interna olitical organization, such a	l funds or were s a separate		
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
		<u> </u>					

**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—		bly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	Total lobbying expenditures to influence a legislative body (direct lobbying)					
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		taxable amount				
	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 \$	51,000,000			
	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	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ 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>(b)</b> 2006	(c) 2007	( <b>d)</b> 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)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
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		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		18,156	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		11,064	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		No		
j	Total lines 1c through			29,220	
	1)				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
		•			

# Part III-A 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 \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (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 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	MERCY MEDICAL CENTER - CLINTON, INC 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 MERCY MEDICAL CENTER - CLINTON WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES 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

1 \$

Part IV Supplemental Information							
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.

**Employer identification number** Name of the organization MERCY MEDICAL CENTER - CLINTON INC 42-1336618

Pa	organizations Maintaining Donor organization answered "Yes" to Form		unds or Accoun	ts. Complete if the			
	organization answered Tes to Form	(a) Donor advised funds	(b) Funds and	d 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 actions are the organization's property, subject to the		or advised	┌ Yes ┌ No			
6	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b impermissible private benefit?	enefit of the donor or donor advisor or other	·	┌ Yes			
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" to	o Form 990, Part	IV, line 7.			
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quon the last day of the tax year	ation or pleasure)  Preservation of an Preservation of ce	historically importa rtified historic struc of a conservation e	cture			
			Held	at the End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easeme	nts	2b				
С	Number of conservation easements on a certified	historic structure included in (a)	2c				
d	Number of conservation easements included in (c	2d					
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	d by the organization	on during			
	the taxable year ►						
4	Number of states where property subject to conse	rvation easement is located ►					
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		ations, and	┌ Yes ┌ No			
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year ►				
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ► \$				
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	e 2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No			
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial	•	•			
Par	Complete if the organization answered		or Other Simila	r Assets.			
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items						
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or research i					
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Part	•••• Organizations Maintaining Col	llections of Art, His	tori	<u>cal Treası</u>	ıres, or Othe	<u>r Similar <i>i</i></u>	<u>Assets</u>	(cont	inued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ie fol	lowing that ar	e a significant u	se of its coll	ection		
а	Public exhibition	d	Γ	Loan or exc	hange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explain hov	v the	y further the o	organization's ex	cempt purpos	e in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					nılar	Г Yе	s F	- No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am				anızatıon answ	ered "Yes"	to Forr	n 990	),
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary	for c	ontributions	or other assets	not	ΓYe	s F	No No
b	If "Yes," explain why in Part XIV and complet	te the following table				ı			
							A mount		
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 Fo	rm 990, Part X, line 21?					√ Ye	:S	No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if							٧	ro Do ole
1_	Beginning of wear halance	(a)Current Year (b	Prior	rear   (c) iw	o Years Back (d)	Three Years Bad	.к <b>ј (е)</b> го	ur rear	IS DACK
1a L	Beginning of year balance								
b	Contributions								
C C	Investment earnings or losses  Grants or scholarships								
d	Other expenditures for facilities								
e	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment 🕨								
ь	Permanent endowment								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses	sion of the organization	thata	are held and a	administered for	the			
	organization by						Y	'es	No
	(i) unrelated organizations		•				Ba(i)		
_	(ii) related organizations					🍱	Ba(ii)		
	If "Yes" to 3a(II), are the related organization	•					3b		
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings				art V lina 10				
Pal	t VI Investments—Land, Buildings	, and Equipment. S			•				
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciat	ion (d	) Book	value
1a	Land				512,212	1		5	512,212
b	Buildings				67,514,638	43,659	,317	23,8	355,321
C	Leasehold improvements								
d	Equipment				39,402,703	29,651	,063	9,7	751,640
	Other				271,257	L		2	271,257
Tota	I. Add lines 1a-1e (Column (d) should equal For	rm 990, Part X, column (B)	, line	10(c).)		🛌		34,3	390,430
						Schedul	e D (For	m 990	) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation year market value
Financial derivatives and other financial products		Cost of end-of-	year market value
Closely-held equity interests			
Other COMMINGLED FUNDS DIRECTLY HOLDING			
SECURITIES	15,239,665		F
Other ABSOLUTE RETURN STRATEGY FUNDS	4,377,672		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	19,617,337		
Part VIII Investments—Program Related. Se	e Form 990 Part V line 13		
			d of valuation
(a) Description of investment type	(b) Book value		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, II	ne 15.		
(a) Descri	ption		( <b>b)</b> Book value
OTHER RECEIVABLES			146,460
INTERCOMPANY ACCOUNTS RECEIVABLE			189,256
INTERCOMPANY OTHER LT ASSETS			5,870,292
INVESTMENT IN AFFILIATES			19,093
OTHER ASSETS			136,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line			6,361,101
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
INTERCOMPANY ACCOUNTS PAYABLE	561,021		
ASSET RETIREMENT OBLIGATION (FIN 47)	605,279		
OTHER LONG-TERM LIABILITIES	82,330		
DEFERRED COMPENSATION LIABILITIES	24,469		
INTERCOMPANY NOTES PAYABLE	20,091,342		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	21,364,441		

| 1 |

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
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 p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c	-	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part IV, Line 2b		MERCY LIVING CENTER, A LONG TERM CARE FACILITY, HAS TWO CUSTODIAL ACCOUNTS THAT ARE FOR LONG TERM CARE RESIDENTS' PERSONAL USE
Part X	Description of Uncertain Tax Positions Under FIN 48	MERCY MEDICAL CENTER - CLINTON, INC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF 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 MEDICAL CENTER - CLINTON INC

**Employer identification number** 

42-1336618

	Charity Care and	. Jertuin O		y Denemie at	COSC (Optional for	2000)		Yes	No			
La	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a					
Ь	If "Yes," is it a written policy	?					1b					
2	If the organization has multip care policy to the various hos		ındıcate whic	h of the following best o	lescribes application (	of the charity						
	Applied uniformly to all hospitals  Generally tailored to individual 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	fthe						
а	Does the organization use Fe income individuals? If "Yes,"	•		•			3a					
	Γ <sub>100%</sub> Γ <sub>150%</sub>	Γ 2	.00%	C O ther	%							
b	Does the organization use FP						3b					
	Γ <sub>200%</sub> Γ <sub>250%</sub>	Г 300	ь% Г	350% <b>Г</b> 400	%	%						
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description wh	ether the organization							
4	Does the organization's polic	y provide free	ordiscounte	ed care to the "medicall	y ındıgent"?		4					
Ба	Does the organization budget	t amounts for	free or disco	unted care provided und	der its charity care pol	ıcy?	5a					
b	If "Yes," did the organization	's charity car	e expenses e	xceed the budgeted am	nount?		5b					
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c					
5a	Does the organization prepar	e an annual c	ommunity be	nefit report?			6a					
5 <b>b</b>	If "Yes," does the organization	on make it ava	allable to the	public?			6b					
	Complete the following table worksheets with the Schedule		ksheets prov	ıded ın 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)	1	3,237	2,109,111		2,109	,111	2 4	90 %			
b	Unreimbursed Medicaid (from worksheet 3, column a)	16	8,569	10,403,447	9,742,337		,110		80 %			
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)		0,303	20,100,117	3,7 12,337		,110	3 7	00 70			
d	<b>Total</b> Charity Care and Means-Tested Programs	17	11,806	12,512,558	9,742,337	2,770	,221	3 2	70 %			
e	Other Benefits Community health improvement services and community benefit operations (from		,			,	•					
	(worksheet 4)	30	48,287	183,031	27,848	155	,183	0 1	80 %			
	Health professions education (from worksheet 5) Subsidized health services	2	420	3,265		3	,265					
	(from worksheet 6)	16	8,306	1,576,081	609,741	966	,340	1 1	40 %			
	Research (from worksheet 7)  Cash and in-kind contributions											
	to community groups (from worksheet 8)	32		77,870			,870		90 %			
-	Total Other Benefits	80	57,013	1,840,247	637,589	1,202			10 %			
K	Total (line 7d and 71)	97	l 68.819l	14 352 805	10 379 926	3 972	270	16	8 N %			

Pa	rt II Community Buildin activities) (Optional	for 2008)	es (Comple	te this table if the	organiza	tion conc	lucted any commu	ınıty	buıldıı	ng
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		ect offsetting evenue	g <b>(e)</b> Net commur building expens			cent of xpense
_1	Physical improvements and housing									
2	Economic development	1	1	15,599			15	,599	0 0	20 %
3	Community support	2	314	538				538		
4	Environmental improvements									
5	Leadership development and training for community members	1	115	7,284			_	,284	0.0	10 %
6		1	115	7,204			/	,204	0 0	10 70
7	Community health improvement advocacy	1	5	14,262			1.4	,262	0.0	20 %
8	Workforce development	1	2	2,214				,214	00	20 70
9	Other	6	170	25,459			25	,459	0 0	30 %
10 De 1	Total  t IIII Bad Debt, Medicar	12 Se & Collec	607	65,356			65	,356	0 0	80 %
Leci	Bad Debt, Medical	e, a cone	CHOII FIAC	tices (Optional for	2000)					
Sect	ion A. Bad Debt Expense								Yes	No
1	Does the organization report b Statement No 15?	•	nse in accord	dance with Heathcare	Financial	Managem 	ent Association	1		
2	Enter the amount of the organ		debt expense	(at cost)		2				
3	Enter the estimated amount of	-				3				
4	attributable to patients eligible Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	the footnote t ng methodolo	o the organiz ogy used in do	ation's financial state etermining the amoun						
Sect	ion B. Medicare		,							
5	Enter total revenue received f	rom Mecicare	(including D	SH and IME)		5				
6	Enter Medicare allowable cost	s of care rela	ting to paymo	ents on line 5		6				
7	Enter line 5 less line 6—surp	•	-			7				
8	Describe in Part VI the extent the costing methodology or so following methods was used	urce used to	determine th	e amount reported on	line 6 and					
	Cost accounting system	I C	ost to charge	ratio	Other					
Sect 9a	ion C. Collection Practices  Does the organization have a	written deht c	ollection not	cv?				_		
9b	If "Yes," does the organization		•	•	ollection p	ractices t	o be followed for	9a		
	patients who are known to qua	lify for charity	care or fina	ncial assistance? Des	cribe in P			9b		
Ра	rt IV Management Com	panies and	oint vei	itures (Optional ro	r 2008)		(d) Officers,			
	(a) Name of entity	(	<b>b)</b> Descriptio activity o		1 '	nization's or stock ship %	directors trustees, or key employees' profit % or stock ownership%	profit	Physic : % or iership	stock
1										
2										
3										
4										
<u> </u>										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Schedule H (Form 990) 2008									Page <b>3</b>
Part V Facility Information (Required for 20	08)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY MEDICAL CENTER - NORTH 1410 N 4TH STREET CLINTON,IA 52732	x	х					х		REHAB,LAB,RADIOLOGY
MERCY MEDICAL CENTER - SOUTH 638 S BLUFF BLVD CLINTON, IA 52732	х								REHAB,SKILLED NURSING FACILITY,
MERCY MEDICAL CENTER - SOUTH (CONT'D) 638 S BLUFF BLVD CLINTON, IA 52732									HOME CARE, HOSPICE
MERCY LIVING CENTER - NORTH 600 14TH AVE NORTH CLINTON,IA 52732									LONG TERM CARE

Schedule H (Form 990) 2008	. 4
Part VI Supplemental Information (Optional for 2008)	
Complete this part to provide the following information	
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	
	_
	_
	_
	_
	_
	_
	_
	_
	_
	_
2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves	
Part VI, Line 2 NEEDS ASSESSMENT - MERCY MEDICAL CENTER-CLINTON ASSESSES THE HEALTH NEEDS OF THE COMMUNIT THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-THE FFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR MERCY MEDIC CENTER-CLINTON'S STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCE IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITHEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES THE MERCY MEDICAL CENTER-CLINTOCOMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF TOMMUNITIES SERVED- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTIONS INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUND AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNINGTHE MERCY MEDICAL CENTER.	IM ES IT O IO IO VY VI

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

CHAPLAINCY CORE, THE VICTORY CENTER, AND THE CLINTON COUNTY BOARD OF HEALTH

(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 MEDICAL CENTER-CLINTON COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF JULY 2008 THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH GENESIS VNA, COUNTY HEALTH DEPARTMENT, CLINTON COUNTY SUBSTANCE ABUSE COUNCIL, BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER, CLINTON AREA

- Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE MERCY MEDICAL CENTER-CLINTON 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 MEDICAL CENTER-CLINTON 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 MEDICAL CENTER-CLINTON 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 WE ARE ASSISTED IN THIS PROCESS BY R & B SOLUTIONS, AN EXTERNAL VENDOR FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES R & B SOLUTIONS HELPS PATIENTS COMPLETE APPLICATIONS, CONDUCT APPEALS, ETC 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-CLINTON 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 OUR PATIENT HANDBOOKS, MESSAGES ON PATIENT BILLS, AND NOTICES POSTED IN THE REGISTRATION AREA SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CONTRACTED COLLECTION AGENCIES INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE IN ADDITION, INTERPRETERS ARE AVAILABLE TO THOSE NEEDING ASSISTANCE, PRIMARILY IN SPANISH MERCY MEDICAL CENTER-CLINTON HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS MERCY MEDICAL CENTER-CLINTON 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 MERCY MEDICAL CENTER-CLINTON EDUCATES STAFE 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
- 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 COMMUNITY INFORMATION - MERCY MEDICAL CENTER-CLINTON SERVES A 16 ZIP CODE AREA ALONG THE MISSISSIPPI RIVER IN EASTERN IOWA AND WESTERN ILLINOIS ITS PRIMARY AND SECONDARY SERVICE AREA HAVE A TOTAL POPULATION OF APPROXIMATELY 70,000, WHICH IS PROJECTED TO DECLINE SLIGHTLY BETWEEN 2008 AND 2011 WHILE THE OVERALL POPULATION IS DECLINING, THE NUMBER OF RESIDENTS 65 YEARS OF AGE AND OLDER WILL INCREASE THE ETHNICITY OF MERCY'S SERVICE AREA IS PRIMARILY WHITE (94 7%), WITH SMALL BLACK AND HISPANIC COMMUNITIES (1 8% EACH) THE MEDICAL CENTER CONSISTS OF AN ACUTE CARE HOSPITAL OF 175 LICENSED BEDS, AND A STRONG CONTINUUM OF SERVICES FOR SENIORS (TWO NURSING HOMES, A DEMENTIA UNIT, TRANSITIONAL CARE BEDS, IRU, HOME CARE AND HOSPICE) THE MOST RECENT DATA INDICATES A 14 7% POVERTY RATE, IN ADDITION 38 9% OF THE RESIDENTS IN OUR COMMUNITY ARE BELOW THE 200% POVERTY LEVEL 11 7% OF THE CLINTON COUNTY POPULATION UTILIZES FOOD ASSISTANCE PROGRAMS, AND APPROXIMATELY 18% ARE MEDICAID ELIGIBLE

5 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 - THE COMMUNITY BUILDING PROGRAMS SUPPORTED BY MERCY MEDICAL CENTER ARE INTENDED TO PROMOTE THE OVERALL HEALTH OF OUR COMMUNITY MANY ARE AIMED AT IMPROVING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, CHALLENGING FAMILY SITUATIONS, FINANCIAL CHALLENGES, AND ENVIRONMENTAL PROBLEMS MERCY SUPPORTS THE BIG BROTHER/BIG SISTERS PROGRAM, THE CHAMBER OF COMMERCE, CLINTON REGIONAL DEVELOPMENT CORPORATION, CLINTON ROTARY, AND KIWANIS MERCY ALSO PROVIDES LEADERSHIP SUPPORT AND PARTICIPATION IN COMMUNITY DEVELOPMENT ACTIVITIES, AND PROVIDES IN-KIND AND FINANCIAL SUPPORT TO UNITED WAY, IN ORDER TO SUPPORT AND ADDRESS THE CHALLENGES IN OUR COMMUNITY AT THE ROOT OF MANY HEALTH PROBLEMS

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-CLINTON HAS AN OPEN MEDICAL STAFF, AND A BOARD THAT IS REFLECTIVE OF THE DEMOGRAPHICS OF OUR COMMUNITY A MAJORITY OF BOARD MEMBERS ARE RESIDENTS OF OUR COMMUNITY AS A SOLE COMMUNITY PROVIDER, WE OFFER MANY SERVICES TO THE COMMUNITY THAT WOULD OTHERWISE BE THAT A POLITION TO TRADITIONAL ACUITE CAPE SERVICES. WE OFFER EMERGENCY SERVICES DEGARDLESS OF

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt

UNAVAILABLE IN ADDITION TO TRADITIONAL ACUTE CARE SERVICES, WE OFFER EMERGENCY SERVICES REGARDLESS OF PAYMENT SOURCE, RADIATION ONCOLOGY, RENAL DIALYSIS, HOSPICE CARE, INPATIENT BEHAVIORAL HEALTH AND INPATIENT REHAB WE ALSO HAVE A COMMUNITY IRB, WHICH APPROVES ANY MEDICAL RELATED RESEARCH REQUESTS MERCY MEDICAL CENTER-CLINTON OFFERS MANY OPPORTUNITIES FOR STUDENTS PURSUING MEDICAL RELATED CAREERS TO GAIN THE CLINICAL EXPERIENCE THIS INCLUDES, BUT IS NOT LIMITED TO, NURSING, LAB, EEG, RADIOLOGY AND RESPIRATORY THERAPY LEADERSHIP AND ASSOCIATES ARE ACTIVELY ENGAGED IN ADVOCACY EFFORTS TO IMPROVE MEDICAL ACCESS AND COVERAGE FOR ALL ADVOCACY EFFORTS ARE TARGETED AT IMPROVING CARE FOR THE UNINSURED AND UNDERINSURED IN OUR COMMUNITY WE PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE IN MANY WAYS FOR EXAMPLE, WE PARTNER WITH THE FREE CLINIC IN OUR COMMUNITY, AND HAVE INITIATED A DIABETIC CLINIC FOR THE UNINSURED MERCY MEDICAL CENTER ALSO HAS A VERY ACTIVE AND EXPANSIVE VOLUNTEER PROGRAM, WHICH OFFERS OPPORTUNITIES ACROSS THE

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

Part VI, Line 7 MERCY MEDICAL CENTER-CLINTON 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 NOTFOR-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

CONTINUUM, FROM ACUTE CARE TO LONG-TERM CARE AND HOSPICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493126000120 OMB No 1545-0047

Employer identification number

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public **Inspection** 

MERCY MEDICAL CENTER - C						42-1336618	
Part I General Inform  1 Does the organization mai the selection criteria used	ıntaın records to sı		of the grants or assistar				FYes   FI
2 Describe in Part IV the or							
Part IV and Sche	V, line 21 for an edule I-1 if additi	y recipient that rece onal space is	ived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,0	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON SUBSTANCE ABUSE COUNCIL INC215 6TH AVENUE SOUTH CLINTON,IA 52732	42-1349205	501(C)(3)	5,000				GENERAL SUPPORT
UNITED WAY OF CLINTON COUNTY IOWA 405 SOUTH 3RD ST CLINTON, IA 52732	42-0698299	501(C)(3)	9,000				GENERAL SUPPORT
CLINTON REGIONAL DEVELOPMENT CORPORATION144 8TH AVENUE SOUTH CLINTON,IA 52732	42-0738495	501(C)(4)	15,000				SUPPORT OF QUALITY JOBS FOR A STRONG FUTURE
2 Enter total number of sect organizations							2
3 Enter total number of othe	er organizations .		<u>.</u>		<u>.</u>		1
For Paperwork Reduction Act Noti	ce, see the Instructi	ons for Form 990.		Cat No 50055P		Scl	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>b)</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 MEDICAL CENTER - CLINTON, INC TO CHARITABLE ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126000120

OMB No 1545-0047

OMB No 15

2008

Inspection

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

Name of the organization MERCY MEDICAL CENTER - CLINTON INC **Employer identification number** 

42-1336618

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all f					
	Compensation committee	고	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	orovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	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 compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	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 payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•	8		No

Cat No 50053T

## 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DONNA OLIVER	(ı) (ıı)	259,114	66,210	40,268	25,058	17,413	408,063	
PETER KARADJOFF	(ı) (ıı)		61,827	44,751	24,835	20,788	403,466	
pauL MANGIN	(ı) (ıı)		28,809	20,913	29,453	14,553	263,762	
JOAN NOE	(ı) (ıı)		22,802	11,344	24,834	3,272	197,773	
RODNEY TOKHEIM	(ı) (ıı)		21,402	12,320	14,936	20,040	191,275	
AMY E BERENTES	(ı) (ıı)		11,044	25,452	5,150	14,549	170,657	
JOSEPH SWEDISH	(ı) (ıı)		545,090	211,248	654,032	34,848	2,657,913	
KEDRICK ADKINS	(ı) (ıı)		326,976	131,247	97,526	13,586	1,296,401	
MICHAEL SLUBOWSKI	(I) (II)		304,667	312,067	154,304	30,181	1,503,588	
KENT JORGENSEN	(ı) (ıı)	99,203	17,464	8,404	12,257	20,170	157,498	
DOUGLAS T CODY MD	(I) (II)		24,300	263	7,514	11,764	310,502	
MOHAMMED IRSHAD MD	(ı) (ıı)		43,500	1,466	16,688	5,222	646,884	
JOHN PERUSHEK	(ı) (ıı)		144	600	13,409	20,576	154,101	
	(ii)							
	(i) (ii)							1

#### 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 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 PETER KARADJOFF - \$9,710 DONNA OLIVER - \$7,049 MICHAEL SLUBOWSKI - \$94,766 JOSEPH SWEDISH - \$137,872
Supplemental Information		PART I, LINE 6A CERTAIN INDIVIDUALS LISTED IN PART VII RECEIVED A PAYMENT FROM MERCY MEDICAL CENTER - CLINTON IN CALENDAR YEAR 2008 UNDER AN INCENTIVE COMPENSATION PLAN THIS PLAN STATES IF PATIENT SATISFACTION AND QUALITY TARGETS WERE MET, THEN 50% OF OPERATING INCOME IN EXCESS OF BUDGETED OPERATING INCOME IS SHARED WITH ALL ASSOCIATES BASED ON THE NUMBER OF HOURS WORKED BY EACH ASSOCIATE DURING THE FISCAL YEAR THE FOLLOWING INDIVIDUALS RECEIVED AMOUNTS UNDER THIS INCENTIVE COMPENSATION ARRANGEMENT IN CALENDAR 2008 JOHN PERUSHEK - \$144 LYNETTE MIKESH - \$144 MARILYN HEIAR - \$144
	+	
	+	
	+	
	†	
	<u> </u>	

Software ID: Software Version:

**EIN:** 42-1336618

Name: MERCY MEDICAL CENTER - CLINTON INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
DONNA OLIVER	(1) (11)	259,114	66,210	40,268	25,058	17,413	408,063		
PETER KARADJOFF	(ı) (ıı)		61,827	44,751	24,835	20,788	403,466		
pauL MANGIN	(ı) (ıı)	170,034	28,809	20,913	29,453	14,553	263,762		
JOAN NOE	(ı) (ıı)	135,521	22,802	11,344	24,834	3,272	197,773		
RODNEY TOKHEIM	(ı) (ıı)	122,577	21,402	12,320	14,936	20,040	191,275		
AMY E BERENTES	(1) (11)	114,462	11,044	25,452	5,150	14,549	170,657		
JOSEPH SWEDISH	(ı) (ıı)	1,212,695	545,090	211,248	654,032	34,848	2,657,913		
KEDRICK ADKINS	(ı) (ıı)	727,066	326,976	131,247	97,526	13,586	1,296,401		
MICHAEL SLUBOWSKI	(1) (11)	702,369	304,667	312,067	154,304	30,181	1,503,588		
KENT JORGENSEN	(1) (11)	99,203	17,464	8,404	12,257	20,170	157,498		
DOUGLAS T CODY MD	(ı) (ıı)		24,300	263	7,514	11,764	310,502		
MOHAMMED IRSHAD MD	(I) (II)		43,500	1,466	16,688	5,222	646,884		
JOHN PERUSHEK	(I) (II)	119,372	144	600	13,409	20,576	154,101		

DLN: 93493126000120

OMB No 1545-0047

Open to Public Inspection

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► 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.

Name of the organization MERCY MEDICAL CENTER - CLINTON INC **Employer identification number** 

					2-133					
Part I Excess Benefit Transaction	•	•	, , ,						., .	401
To be completed by organization	on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Pa						V, line c) Corre			
1 (a) Name of disqualified	person		<b>(b)</b> Desc	cription of transa	nsaction				Yes	No.
		<u> </u>							103	110
								+		
2 Enter the amount of tax imposed on the section 4958	ie organiza	atıon manag		ons during the y	ear ur	nder •	\$			
3 Enter the amount of tax, if any, on line	2, above,	reımbursed	by the organization .			•	\$			
Part II Loans to and/or From 1	nterest	ed Perso	ns							
To be completed by organizati				IV, line 26, or F	orm 99	90-E2	Z, Part	V , lıne	38a	
	(b) Loan	to or				(f				
(a) Name of interested person and purpose	from t	he	(c)O riginal principal	( <b>d)</b> Balance due	(e) In default?		Approved by board or		(g)Written	
(a) Name of interested person and purpose	organization?		amount	(d) Dalance due			committee?		1 -	
	То	From			Yes	No	Yes	No	Yes	No
DOUGLAS CODY										
FINANCE PURCHASE OF MALPRACTICE TAIL COVERAGE		x	34,299	13,513		Νο	Yes		Yes	
MOHAMMED IRSHAD										
FINANCE PURCHASE OF MALPRACTICE TAIL COVERAGE		x	80,263	36,284		l <sub>No</sub>	Yes		Yes	
			11,211	21,211						
Total				49,797						
Part III Grants or Assistance Be				00 Dawt 1) / Lw						
To be completed by organiz			between interested per		ie 27.					
(a) Name of interested person	אנט) א	(c)A m	(c)A mount of grant or type of assistance							
			-							
Part IV Business Transactions I To be completed by organiz				OO Dart IV Ju	20.	- 20	h or '	200		
To be completed by organia				90, Part IV, III	IE 200	a, 20	D, OI 2		a) Sha	ring of
	(b) Relationship		•						(e) Sharing of organization's	
(a) Name of interested person	pers	on and the	transaction	(d) Desci	ription	ption of transaction			revenues?	
	org	janization							Yes	No
See Additional Data Table										
								-+		
								+		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 42-1336618

Name: MERCY MEDICAL CENTER - CLINTON INC

(e) Sharing of

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(b) Relationship

(a) Name of interested person	( <b>b)</b> Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organization's	
	organization			Yes	No
MARY LINCOLN	FAMILY MEMBER OF JOAN NOE, KEY EMPLOYEE	90,804	EMPLOYMENT ARRANGEMENT		No
BRENDA VENS	FAMILY MEMBER OF CHRISTOPHER VENS, BOARD CHAIR	77,910	EMPLOYMENT ARRANGEMENT		No
KAREN RYAN	RYAN FAMILY MEMBER OF 30,305 EMPLOYMENT ARRANGEMENT JOAN NOE, KEY EMPLOYEE			No	
CAROLYN LIVINGSTON	FAMILY MEMBER OF MARILYN HEIAR, OFFICER	101,312	EMPLOYMENT ARRANGEMENT		No
CLINTON IMAGING SERVICES LLC	JUERGEN HOLL/BD DIR, HAS 7 5% INDIRECT PRTNRSHP INT IN CLINTON IMAGING SVCS	129,279	INPATIENT MRI EXAMS PROVIDED BY CLINTON IMAGING SERVICES FOR WHICH MERCY MEDICAL CENTER-CLINTON PAID \$129,279		No
CLINTON IMAGING SERVICES LLC	JUERGEN HOLL/BD DIR, HAS 7 5% INDIRECT PRTNRSHP INT IN CLINTON IMAGING SVCS	80,769	CLINTON IMAGING SERVICES RENTED SPACE FROM MERCY MEDICAL CENTER-CLINTON		No
CLINTON IMAGING SERVICES LLC	JUERGEN HOLL/BD DIR, HAS 7 5% INDIRECT PRTNRSHP INT IN CLINTON IMAGING SVCS	227,500	PARTNERSHIP DISTRIBUTIONS FROM CLINTON IMAGING SERVICES (MERCY MEDICAL CENTER- CLINTON HAS A 65% DIRECT PARTNERSHIP INTEREST IN CLINTON IMAGING SERVICES)		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

### DLN: 93493126000120

## **SCHEDULE 0** (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

Inspection

OMB No 1545-0047

Name of the organization

MERCY MEDICAL CENTER - CLINTON INC

Employer identification number

42-1336618

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERS OF MERCY MEDICAL CENTER - CLINTON, INC. ARE GATEWAY FOUNDATION FOR HEALTH (THE CLASS A MEMBER) AND MERCY HEALTH SERVICES-IOWA CORP (THE CLASS B MEMBER) SEE LINE 7 FOR ADDITIONAL INFORMATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE CLASS B MEMBER, MERCY HEALTH SERVICES-IOWA CORP, ELECTS THE DIRECTORS OF MERCY MEDICAL CENTER-CLINTON, PROVIDED THAT THE DIRECTORS ARE RECOMMENDED BY THE BOARD OF DIRECTORS OF THE CORPORATION

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section A, line 7b		AS CLASS B MEMBER, MERCY HEALTH SERVICES-IOWA CORP MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET MERCY HEALTH SERVICES-IOWA CORP 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 AS CLASS A MEMBER, GATEWAY FOUNDATION FOR HEALTH MUST APPROVE THE SALE OF SUBSTANTIALLY ALL ASSETS TO, OR MERGER OF MERCY MEDICAL CENTER-CLINTON WITH, AN ENTITY NOT AFFILIATED WITH TRINITY HEALTH CORPORATION GATEWAY FOUNDATION FOR HEALTH MUST ALSO APPROVE ANY MODIFICATIONS TO GOVERNING DOCUMENTS THAT WOULD CHANGE THE VOTING OR APPROVAL RIGHTS OF THE CLASS A MEMBER			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING, THE FORM 990 FOR MERCY MEDICAL CENTER - CLINTON, INC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section B, Inne 12c		MERCY MEDICAL CENTER - CLINTON, INC 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 MEDICAL CENTER - CLINTON, WHICH INCLUDES directors, 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 MEDICAL CENTER - CLINTON'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MERCY MEDICAL CENTER - CLINTON 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 directors OF MERCY MEDICAL CENTER - CLINTON IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MERCY MEDICAL CENTER - CLINTON 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 directors OF MERCY MEDICAL CENTER - CLINTON ON AN ANNUAL BASIS			

ldentifier	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 MEDICAL CENTER - CLINTON, INC. 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 MEDICAL CENTER - CLINTON, INC 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				
	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 - 53 HOURS PETER KARADJOFF - 49 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS				

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2		MERCY MEDICAL CENTER - CLINTON, INC 'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 09 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

ldentifier	Return Reference	Explanation
FORM 990, PAGE 1, BOX C	DOING BUSINESS AS NAMES	MERCY HOME CARE & HOSPICE-CLINTON, MERCY HOME MEDICAL EQUIPMENT, BLUFF TERRACE NURSING HOME, WYNDCREST NURSING HOME, MERCY LIVING CENTER-NORTH, MERCY LIVING CENTER-SOUTH

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

Cat No 51056K

Schedule O (Form 990) 2008

Part I Identification of Disregarded Entities

DLN: 93493126000120

2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Department of the Treasury

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.

**Related Organizations and Unrelated Partnerships** 

Internal Revenue Service Name of the organization MERCY MEDICAL CENTER - CLINTON INC

**Employer identification number** 

42-1336618

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> 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	Trınıty Health-Mıchıgan
Mount Carmel Health Providers Two LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	ОН	0	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	0	MOUNT CARMEL HEALTH PROVIDERS INC

# **Identification of Related Tax-Exempt Organizations** (A) Name, address, and EIN of related organization **(E)** Public chanty status **(F)** Direct controlling Primary activity Legal domicile (state Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of Prin related organization		<b>(B)</b> Pary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> 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								
( <b>A)</b> Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of i-of-yea assets	( <b>H)</b> 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	
<b>1</b> 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 entity						
<b>b</b> Gift, grant, or capital contribution to other organization(s)						
c Gift, grant, or capital contribution from other organization(s)			1c	Yes		
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No	
e Loans or loan guarantees by other organization(s)			1e		No	
f Sale of assets to other organization(s)			1f		No	
g Purchase of assets from other organization(s)			1g		No	
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 org	ganization(s)		1k	Yes		
I Performance of services or membership or fundraising solicitations by other org			11	Yes		
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
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						
<b>q</b> 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				
<b>(A)</b> 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

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

**Additional Data** 

300 NORTH AVENUE

300 NORTH AVENUE

PRIMGHAR, IA51245

PRIMGHAR, IA51245

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

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

BATTLE CREEK HEALTH SYSTEM AUXILIARY

CAPITAL PARK FAMILY HEALTH CENTER INC

CATHERINE MCAULEY HEALTH SERVICES CORP

## Return to Form

(F)

Direct Controlling

Entity

TRINITY HOME HEALTH SERVICES

TRINITY HEALTH -

MICHIGAN

BATTLE CREEK

Mercy Health

Hospital

System

Michigan

Trinity Health-

Services Inc

System

Mercy Health

Mercy Health

Services-Iowa Corp

Services-Iowa Corp

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Trinity Continuing

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

Holy Cross Hospital of

Care Services

Trinity Home Health

Mount Carmel Health

HEALTH SYSTEM

Services-Iowa Corp

Baum Harmon Mercy

Mount Carmel Health

INC

Software ID: **Software Version:** 

Name, address, and EIN of related organization

BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION

**EIN:** 42-1336618

Primary Activity

HEALTHCARE SERVICES

SUPPORT OF TAX EXEMPT

HEALTH ORGANIZATION

A cute/A mbulatory

related hospital

(formerly)

services

County Ohio

related hospital

related hospital

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

(State

or Foreign

МΙ

МΙ

IΑ

IΑ

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МΙ

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МΙ

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MD

ΜD

СА

IΑ

МΙ

МΙ

МΙ

МΙ

IΑ

МΙ

МΙ

МΙ

МΙ

МΙ

(D)

Exempt Code

section

501(C)(3)

(E)

Public charity

status

(if 501(c)(3))

11, TYPE I

11, TYPE I

11, TYPE I

11, TYPE II

11, TYPE I

11, TYPE I

11, TYPE I

11. TYPE III-FI

11, TYPE I

11, TYPE I

11, TYPE II

11, TYPE I

11, TYPE I

11, TYPE I

11, TYPE I

· · · · · · · · · · · · · · · · · · ·	<u> </u>	1
		(C)
(A)	(B)	Legal Domicile

		Country)	
AMICARE HOSPICE SERVICES INC			
27870 CABOT DRIVE NOVI, MI483772920 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)
BATTLE CREEK HEALTH SYSTEM			

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

Name:	MERCY MEDICAL CENTER - CLINTON INC

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Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza		1		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
NOVI, MI483772920 38-2606571	Charitable fundraising	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
	Healthcare system support	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Health Services - Iowa Corp  1000 4TH STREET SW  MASON CITY, IA50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	Trinity Health- Michigan
Mercy Healthcare Foundation  1410 N 4TH ST CLINTON, IA 52732 42-1316126	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	11, TYPE I	Mercy Medical Center- Clinton
Mercy Hosp & Health Services of DetroitMarshall Park Health Services Inc	Supports malpractice contingencies of closed hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
	Support the services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Hospital Gift Shop  2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	Volunteer Service Auxiliary	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
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
Mercy Medical Center Foundation - North Iowa	Support the services of related hospital	IA	501(C)(3)	11, TYPE III-FI	Mercy Health Services-Iowa Corp
Mercy North Homecare and Hospice	Home health and hospice services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Pavilion of Battle Creek	Provides long-term care for the elderly	MI	501(C)(3)	9	Battle Creek Health System
Mercy Services for Aging Non-profit Housing Corporation	Provides long-term care for the elderly	MI	501(C)(3)	11, TYPE II	Trinity Continuing Care Services Inc
Midwest Medflight	A eromedical transport	MI	501(C)(3)	9	Trinity Health- Michigan
Mount Carmel Care Continuum Services Corp	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
Mount Carmel Health	HEALTHCARE SERVICES	он	501(C)(3)	3	Mount Carmel Health System
Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	Health Insurance	ОН	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health Plan Inc 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	Medicare HMO for seniors	ОН	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health System	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
	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	NE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Our Lady of Peace Hospital Inc	HEALTHCARE SERVICES	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Port Huron Mercy Family Care Inc  2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Professional Med Team	Medical care, transportation and education	MI	501(C)(3)	9	Trinity Health- Michigan
Professional Office Corporation	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	Saint Agnes Medical Center
Saint Agnes Medical Center	HEALTHCARE SERVICES	CA	501(C)(3)	3	Trinity Health Corporation
Saint Alphonsus Building Company Inc  1055 NORTH CURTIS RD  BOISE, ID83706	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc
82-0401011 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

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(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	( <b>D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> 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	Provides housing for low income elderly individuals	IN	501(C)(3)	9	Trinity Continuing Care Services-Indiana
FARMINGTON HILLS, MI483339184 31-1040468 Saint Mary's Amicare Home Healthcare 1430 MONROE NW	Provide home health care	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
GRAND RAPIDS, MI48905 38-3320700 Saint Mary's Doran Foundation CO Saint Mary's Health Care 200 JEFFERSON ST SE	Supports services of	MI	501(C)(3)	7	Trınıty Health- Mıchıgan
GRAND RAPIDS, MI49503 38-1779602 St Alphonsus Regional Medical Center	related hospital				Trinity Health
1055 NORTH CURTIS RD BOISE, ID83706 82-0200895 St John's Health System	Healthcare services  HEALTHCARE	ID	501(C)(3)	3	Corporation  Trinity Health
27870 CABOT DRIVE NOVI, MI483772920 35-0877584 St Joseph Mercy Oakland Foundation	SERVICES (FORMERLY)	IN	501(C)(3)	3	Corporation
44405 WOODWARD AVE PONTIAC, MI48341 35-2356789 St Ann's Hospital	Supports services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	ОН	501(C)(3)	3	Mount Carmel Health System
St Joseph's Medical Center Auxiliary  801 E LASALLE AVE PO BOX 1935  SOUTH BEND, IN466341935  35-6033285	Hospital Service Auxiliary	IN	501(C)(4)	N/A	Saint Joseph Regional Medical Center - South Bend Campus Inc
St Joseph Hospital of Mishawaka Auxiliary 215 WEST FOURTH ST MISHAWAKA, IN46544 35-1089149	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	The Foundation of Saint Joseph Regional Medical Center
The Foundation of Saint Joseph Regional Medical Center  4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	Supports services of related hospital	IN	501(C)(3)	11, TYPE I	Saint Joseph Regional Medical Center Inc
Trinity Continuing Care Services  PO BOX 9184 FARMINGTON HILLS, MI483339184	Management services for Long term care and senior living facilities	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
38-2559656  Trinity Continuing Care Services - Indiana Inc  PO BOX 9184  FARMINGTON HILLS, MI483339184	Provides long-term care and residential housing	IN	501(C)(3)	9	Trinity Continuing Care Services
93-0907047 Trinity Health - Michigan 27870 CABOT DRIVE NOVI, MI483772920	HEALTHCARE SERVICES	MI	501(C)(3)	3	Trinity Health Corporation
38-2113393 Trinity Health Corporation  27870 CABOT DRIVE NOVI, MI483772920	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Catholic Health Ministries
35-1443425 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	Retiree medical and retiree life insurance	MI	501(C)(9)	N/A	Trinity Health Corporation
NOVI, MI483772920 20-8151733  Trinity Home Health Services Inc	coverage  Home health care system			11 TYPE !	Trinity Health
17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	management services	MI	501(C)(3)	11, TYPE I	Corporation

Form 990, Schedule R, Pa	rt III - Identification	(C)			e as a Partnershi		(н)		(1)		(1)
<b>(A)</b> Name, address, and EIN of related organization	Primary activity	Legal Domicile (State or		income(related, investment,	(F) Share of total income (\$)	(G) Share of end-of- year assets (\$)		rtionate	Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065)	Mar	neral or naging tner?
		Foreign Country)		unrelated)			Yes	No	(\$)	Yes	i No
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5325 BECKLEY ROAD STE A	RADIOLOGY/IMAGING	ΜI	N/A	N/A				No			No
BATTLE CREEK, MI49015 20-4594297 ADVENT REHABILITATION											
	REHABILITATION THERAPY SERVICES	ΜI	N/A	N/A				No			No
38-3306673 BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP											
793 W STATE STREET COLUMBUS, OH43222	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			No
31-1608125 CCH LABORATORY 775 SOUTH MAIN STREET	LA BO RA TO RY	MI	N/A	N/A				No			No
CHELSEA, MI48118 38-2910400 CENTRAL OHIO SLEEP MEDICINE LTD											
	SLEEP MEDICINE SERVICES	ОН	N/A	N/A				No			No
CLINTON IMAGING SERVICES LLC	MRI DIAGNOSTIC		MERCY MEDICAL CENTER-	RELATED	205,705	-9,206		No			No
1410 NORTH 4TH ST CLINTON, IA 52732 41-2044739 FOREST PARK IMAGING LLC	SERVICES		CLINTON INC		,	,					
1000 4TH STREET SW	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No
FRANCES WARDE MEDICAL LABORATORY  300 WEST TEXTILE ROAD	LA BO RA TO RY	ΜI	N/A	N/A				No			No
ANN ARBOR, MI48104 38-2648446 FRESNO IMAGING CENTER											
FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No
HAWARDEN COMMUNITY CLINIC LLC  1122 AVENUE L	MEDICAL CLINIC	IA	N/A	N/A				No			No
HAWARDEN, IA 51023 20-1444339 IDAHO GYNONCOLOGY SERVICES LLC											
1055 N CURTIS RD BOISE, ID83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No
20-2975807  MAGNETIC RESONANCE SERVICES PARTNERSHIP	MRI SERVICES	IA	N/A	N/A				No			No
1416 SIXTH STREET SW MASON CITY, IA50401 42-1328388 MASON CITY AMBULATORY	MRI SERVICES	14	N/A	IN/A				IN O			IN O
SURGERY CENTER LLC  990 4TH STREET SW MASON CITY, IA50401	SURGERY-SAME DAY	IA	N/A	N/A				No			No
20-1960348  MCE MOB IV LIMITED PARTNERSHIP											
	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			No
MCMC POB III LIMITED PARTNERSHIP	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			No
COLUMBUS, OH43222 31-1392994 MEDILUCENT MOB I	BOTEDING RENTAL										
	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A				No			Νo
	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No
MASON CITY, IA50401 13-4237594 MICHIANA HEALTH INFORMATION NETWORK LLC											
215 WEST MADISON STREET SOUTH BEND, IN46601	CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No
35-2050128  MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP	MEDICAL OFFICE	он	N/A	N /A				No			No
	BUILDING RENTAL	∪ I1		N/A							No
SURGERY CTR LLP	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No
30-0136708 PLAZA SURGICAL CENTER	AMBULATA		N/A	N / 2				D.			<u> </u>
PO BOX 27230 FRESNO, CA937297230 37-1463357 RIVERVIEW MEDICAL OFFICE	AMBULATORY SURGERY	СА	N/A	N/A				No			No
BUILDING LIMITED PARTNERSHIP	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			No
COLUMBUS, OH43222 31-1531135 SAINT ALPHONSUS NEPHROLOGY CENTER LLC											-
4487 N DRESDEN PL STE 101 BOISE, ID83714	NEPHROLOGY SERVICES	ID	N/A	N/A				No			No
23/3 64 I H ST STE 2200	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No
BYRON CENTER, MI49315 20-2443646 ST ALPHONSUS CALDWELL CANCER CTR LLC											-
	RADIATION ONCOLOGY	ID	N/A	N/A				No			No
ST ANN'S MEDICAL OFFICE BLDG II LIMITED	MEDICAL OFFICE		N/O	N. Co.				N.			<u> </u>
793 W STATE STREET COLUMBUS, OH43222 31-1603660	BUILDING RENTAL	ОН	N/A	N/A				No			No
	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No
DONNELLY, ID83615 20-1637921 WESTAR MEDICAL OFFICE BUILDING LIMITED											-
PARTNERSHIP 793 W STATE STREET	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A				No			Νο
COLUMBUS, OH43222 31-1784409 WOODLAND IMAGING CENTER LLC											<u> </u>
	RADIOLOGY/IMAGING	ΜI	N/A	N/A				No			No
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Form 990, Schedule R, Part IV - Iden	ı	_	1	1 -	1		1
(A) Name, address, and EIN of related organization	(B) Primary activity	<b>(C)</b> Legal Domicile (State or Foreign	( <b>D</b> ) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	<b>(G)</b> Share of end-of-year assets	( <b>H)</b> Percentage ownership
GENERAL HEALTHCORP VENTURES INC 1820-44TH STREET KENTWOOD, MI49508 38-2533165	MEDICAL SERVICES	Country)	N/A	c		(\$)	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	МІ	N/A	С			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	С			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	С			
HACKLEY ORTHOTICS & PROSTHETICS 1415 LEAHY ST MUSKEGON, MI49442 38-2999815	HEALTHCARE SERVICES	MI	N/A	С			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-3024797	REAL ESTATE RENTAL	МІ	N/A	С			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI49442 38-2447870	PHARMACY	MI	N/A	С			
HEF INC 1415 LEAHY ST MUSKEGON, MI49442 38-3086401	O FFICE STAFFING	МІ	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	MI	N/A	С			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	С			
MERCY CARE OF WEST MICHIGAN INC 1820-44TH STREET KENTWOOD, MI49508 38-2621098	OCCUPATIONAL HEALTH SERVICES	МІ	N/A	С			
MERCY HOSPITAL OUTPATIENT PHARMACY INC 2601 ELECTRIC AVENUE PORT HURON, MI48060 38-2721029	RETAIL PHARMACY	MI	N/A	С			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	С			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	MI	N/A	С			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	MI	N/A	С			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	ОН	N/A	С			
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	ОН	N/A	С			
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1382442	MEDICAL SERVICES	он	N/A	С			
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	С			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	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 OPERATIONS	CA	N/A	С			
SAINT ALPHONSUS PHYSICIAN SERVICES INC 1055 NORTH CURTIS ROAD BOISE, ID83706	PHYSICIAN CLINICS	ID	N/A	С			
82-0477852  SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	N/A	С			
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI49546	ATHLETIC CLUB	MI	N/A	С			
38-3450733 SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1531102	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 GRAND CAYMAN CJ	PROVISION OF INSURANCE COVERAGE	CJ	N/A	С			
98-0453602 WESTSHORE HEALTH NETWORK 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 HEALTH	MI	N/A	С			

Form 990,	Schedule R,	Part V -	Transactions with Related Organizations
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TRINITY HEALTH CORPORATION

(9)

	(A)  Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	CLINTON IMAGING SERVICES LLC	С	227,500
(2)	CLINTON IMAGING SERVICES LLC	L	129,279
(3)	CLINTON IMAGING SERVICES LLC	А	80,769
(4)	TRINITY HEALTH CORPORATION	В	1,718,065
(5)	TRINITY HEALTH CORPORATION	L	6,612,970
(6)	TRINITY HEALTH CORPORATION	0	4,206,146
(7)	TRINITY HEALTH CORPORATION	Р	670,924
(8)	TRINITY HEALTH CORPORATION	0	922.656

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922,656

183,829