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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)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization THE FINLEY HOSPITAL Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 350 NORTH GRANDVIEW AVE City or town, state or country, and ZIP + 4 DUBUQUE, IA 520016392		D Employer identification number 42-0680354 E Telephone number (563) 582-1881 G Gross receipts \$ 111,771,780	
		F Name and address of principal officer JOHN E KNOX 350 NORTH GRANDVIEW AVE DUBUQUE, IA 520016392		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number			
I Tax-exempt status ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527							
J Website: WWW.FINLEYHOSPITAL.ORG							
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1941		M State of legal domicile IA			

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES OF THE TRI-STATE AREA		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 91	
	6	Total number of volunteers (estimate if necessary)	6 30	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 389,79	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	599,049	731,575
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,793,000	90,328,947
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,084,511	1,091,978
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	736,659	695,819
	12		82,044,197	92,848,319
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,506	56,960
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,164,633	43,154,184
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	42,089,124	42,658,373
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,285,263	85,869,517
	19	Revenue less expenses Subtract line 18 from line 12	-1,241,066	6,978,802
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	107,613,353	124,135,052
	22	Net assets or fund balances Subtract line 21 from line 20	26,935,183	27,204,542
	22		80,678,170	96,930,510

Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2010-10-22 Date		
	JOHN E KNOX PRESIDENT/CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no

1 Briefly describe the organization's mission

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 61,680,299 including grants of \$ 46,254) (Revenue \$ 90,331,876)
	HEALTH-CARE SERVICES THE FINLEY HOSPITAL IS AN IMPORTANT ELEMENT OF THE HEALTH-CARE DELIVERY SYSTEM THAT THE IOWA, ILLINOIS AND WISCONSIN TRI-STATE AREA COMMUNITIES RELY ON EVERY DAY IT IS COMMITTED TO PROVIDING QUALITY HEALTH-CARE AND TO USING ITS RESOURCES TO THE GREATEST COMMUNITY BENEFIT THE FINLEY HOSPITAL PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES TO TREAT INDIVIDUALS WITH DISEASES, ILLNESS AND INJURIES WITH VARYING COMPLEXITIES IT PROVIDES SERVICES TO IMPROVE THE HEALTH OF PATIENTS AND TO BETTER THEIR QUALITY OF LIFE ALL SERVICES ARE PROVIDED REGARDLESS OF AN INDIVIDUAL'S RACE, CREED, SEX, NATIONALITY, HANDICAP, AGE OR ABILITY TO COMPENSATE FOR SERVICES RENDERED THESE INCLUDE, BUT ARE NOT LIMITED TO, GENERAL ACUTE CARE, SURGERIES, HOME HEALTH, INTENSIVE CARE AND CRITICAL CARE, MENTAL HEALTH CARE, CARDIOLOGY, ONCOLOGY, REHABILITATION, SKILLED NURSING, BEHAVIORAL DISORDER PROGRAMS, MATERNAL/CHILD CARE, LABORATORY, PALLIATIVE CARE, PHARMACEUTICAL DRUGS, EMERGENCY SERVICES, OUTPATIENT CLINICS, CHECK-UPS AND RADIOLOGY SOME OF THE SERVICES PROVIDED DO NOT GENERATE ENOUGH INCOME TO OFFSET THEIR COST IN THE FISCAL PERIOD ENDED DECEMBER 31, 2009, THE FINLEY HOSPITAL ADMITTED 4,984 PATIENTS RESULTING IN A TOTAL OF 22,970 PATIENT DAYS OUTPATIENT VISITS TOTALED 68,237 AND TOTAL OUTPATIENT SURGERY REGISTRATIONS FOR THE SAME PERIOD WERE 5,608 THERE WERE ALSO 30,918 EMERGENCY ROOM VISITS AND 715 BABIES DELIVERED

4b	(Code	) (Expenses \$	5,629,585	including grants of \$	10,706	) (Revenue \$	0)
	CHARITY CARE, MEANS-TESTED PROGRAMS AND OTHER COMMUNITY BENEFITS CHARITY CARE AND MEANS-TESTED PROGRAMS THE FINLEY HOSPITAL PROVIDES CHARITY CARE AND OTHER MEANS-TESTED PROGRAMS WITH THE GOAL TO IMPROVE THE COMMUNITY'S OVERALL HEALTH AND ACCESS TO CARE THIS INCLUDES HEALTH-CARE SERVICES REGARDLESS OF THE PATIENT'S INSURANCE COVERAGE OR FINANCIAL STATUS CHARITY CARE AND PARTIAL TO FULL FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS CHARITY CARE WAS MADE AVAILABLE AT A COST OF \$1,610,783 IN 2009 OFTEN TIMES THE FINLEY HOSPITAL RECEIVES PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN IT CHARGES FOR SERVICES THE FINLEY HOSPITAL PARTICIPATES IN MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH-CARE PROGRAMS THE FINLEY HOSPITAL'S NET COST OF PROVIDING CARE FOR WHICH IT RECEIVES PAYMENT BELOW ITS COST IS \$959,057 FOR 2009 TOTAL CHARITY CARE AND MEANS-TESTED PROGRAMS REPORTED VALUE \$2,569,840 OTHER COMMUNITY BENEFITS THE FINLEY HOSPITAL PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS, HEALTH PROFESSIONAL'S EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS THE FINLEY HOSPITAL COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE THE FINLEY HOSPITAL HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS TOTAL OTHER BENEFITS REPORTED VALUE \$3,059,745						

[illegible]

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	including grants of \$	) (Revenue \$	)	
4e	Total program service expenses	\$ 67,309,884			

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a114	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a912	2bYes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3aYes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3bYes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	15	
b	Enter the number of voting members that are independent . . .	1b	10	
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		No
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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IA , IL
18	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
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHLEEN M ABBA VP FINANCE & CFO 350 N GRANDVIEW AVE DUBUQUE,IA 520016392 (563) 589-2414

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

• 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

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

Form 990 (2009)

1b	Total	2,639,736	500	441,199
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶30

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONLON CONSTRUCTION PO BOX 3400 DUBUQUE, IA 520043400	CONSTRUCTION	5,099,806
UNITED CLINICAL LABORATORIES 205 BLUFF STREET DUBUQUE, IA 52001	LABORATORY SERVICES	3,897,793
ARAMARK MANAGEMENT SERVICES 22506 NETWORK PLACE CHICAGO, IL 606731225	FOOD, HOUSEKEEPING & LAUNDRY	1,540,792
HORIZON MENTAL HEALTH MGMT PO BOX 840839 DALLAS, TX 752840839	MANAGEMENT SERVICES	524,229
MISSISSIPPI VALLEY REGIONAL PO BOX 3655 DAVENPORT, IA 52808	BLOOD SERVICES	470,585

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶28

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	611,789				
	e	Government grants (contributions)	1e	50,376				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	69,410				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			731,575			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	900,099	85,833,007	85,833,007			
	b	MANAGEMENT, IT AND SUP	541,900	1,946,237	580,047	247,464	1,118,726	
	c	PROGRAM SERVICES SUBSI	900,099	855,965	844,049	11,916		
	d	PHARMACY REVENUE	446,110	756,925			756,925	
	e	COMMUNITY HEALTH, EDUC	624,100	401,054	401,054			
	f	All other program service revenue		535,759	400,010	130,410	5,339	
	g	Total. Add lines 2a-2f			90,328,947			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,178,908			1,178,908	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses	60,344				
		c	Rental income or (loss)	190,719				
		d	Net rental income or (loss)	-130,375				-130,375
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther				
		b	Less cost or other basis and sales expenses	18,134,072	511,740			
		c	Gain or (loss)	18,061,389	671,353			
		d	Net gain or (loss)	72,683	-159,613			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		b	Less direct expenses					
		c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code						
11a	CAFETERIA AND FOOD SER	722,320	823,265			823,265		
b	MISCELLANEOUS	900,099	2,929	2,929				
c								
d	All other revenue							
e	Total. Add lines 11a-11d			826,194				
12	Total revenue. See Instructions			92,848,319	88,061,096	389,790	3,665,858	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	56,960	56,960		
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	1,340,294		1,340,294	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	168,617		168,617	
7	Other salaries and wages	33,604,220	28,477,274	5,126,946	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,218,666	1,032,736	185,930	
9	Other employee benefits	4,394,053	3,723,660	670,393	
10	Payroll taxes	2,428,334	2,057,847	370,487	
11	Fees for services (non-employees)				
a	Management	346,985	-481,018	828,003	
b	Legal	-21,929		-21,929	
c	Accounting	5,631		5,631	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	133,227		133,227	
g	Other	10,187,377	8,270,241	1,917,136	
12	Advertising and promotion	354,133	11,691	342,442	
13	Office expenses	18,087,222	17,154,375	932,847	
14	Information technology	3,596,344	2,589,874	1,006,470	
15	Royalties				
16	Occupancy	1,062,668	38,520	1,024,148	
17	Travel	261,259	162,884	98,375	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	416,140		416,140	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,817,025	2,600,214	3,216,811	
23	Insurance	698,361		698,361	
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)				
a	PATIENT BAD DEBT	1,591,573	1,591,573		
b	MISCELLANEOUS EXPENSES	121,257	23,053	98,204	
c	INCOME TAXES	1,100		1,100	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	85,869,517	67,309,884	18,559,633	0
26	Joint costs. Check here ☐ 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)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,730	1	1,880
	2	Savings and temporary cash investments			8,958,394	2	9,660,421
	3	Pledges and grants receivable, net			180	3	180
	4	Accounts receivable, net			10,722,297	4	11,264,410
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,206,960	7	1,207,196
	8	Inventories for sale or use			2,052,516	8	2,140,147
	9	Prepaid expenses and deferred charges			438,671	9	789,018
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	114,364,845			
	b	Less accumulated depreciation	10b	62,382,314	46,973,162	10c	51,982,531
	11	Investments—publicly traded securities			32,192,760	11	41,149,594
	12	Investments—other securities See Part IV, line 11			90,000	12	90,000
	13	Investments—program-related See Part IV, line 11			4,558,674	13	5,849,675
	14	Intangible assets			418,009	14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			107,613,353	16	124,135,052
Liabilities	17	Accounts payable and accrued expenses			7,843,096	17	8,471,561
	18	Grants payable				18	
	19	Deferred revenue				19	850
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,874,965	23	1,394,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			16,217,122	25	17,338,131
	26	Total liabilities. Add lines 17 through 25			26,935,183	26	27,204,542
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			78,407,358	27	93,149,902
	28	Temporarily restricted net assets			493,578	28	1,978,374
	29	Permanently restricted net assets			1,777,234	29	1,802,234
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			80,678,170	33	96,930,510
	34	Total liabilities and net assets/fund balances			107,613,353	34	124,135,052

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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? 	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE FINLEY HOSPITAL	Employer identification number 42-0680354
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE FINLEY HOSPITAL	Employer identification number 42-0680354
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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 SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	26,824,107	31,069,223			
b Contributions	25,000				
c Investment earnings or losses	1,599,223	-4,116,708			
d Grants or scholarships		40,305			
e Other expenditures for facilities and programs	114,428				
f Administrative expenses		88,103			
g End of year balance	28,333,902	26,824,107			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 86 660 % %

b

Permanent endowment ▶ 6 360 % %

c

Term endowment ▶ 6 980 % %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	949,800	3,531,743		4,481,543
b Buildings	2,736,295	52,879,370	30,819,703	24,795,962
c Leasehold improvements		6,198,641	4,415,055	1,783,586
d Equipment		38,049,045	27,147,556	10,901,489
e Other		10,019,951		10,019,951
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				51,982,531

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	192,848,319
2	Total expenses (Form 990, Part IX, column (A), line 25)	285,869,517
3	Excess or (deficit) for the year Subtract line 2 from line 1	36,978,802
4	Net unrealized gains (losses) on investments	47,763,743
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,509,795
9	Total adjustments (net) Add lines 4 - 8	99,273,538
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1016,252,340

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	195,126,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a5,078,319
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d594
e	Add lines 2a through 2d	2e5,078,913
3	Subtract line 2e from line 1	390,047,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a133,227
b	Other (Describe in Part XIV)	4b2,668,005
c	Add lines 4a and 4b	4c2,801,232
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	592,848,319

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	184,688,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d1,505,287
e	Add lines 2a through 2d	2e1,505,287
3	Subtract line 2e from line 1	383,182,713
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	4a133,227
b	Other (Describe in Part XIV)	4b2,553,577
c	Add lines 4a and 4b	4c2,686,804
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	585,869,517

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION. IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY.
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST OF FINLEY HEALTH FOUNDATION 1509795
Part XII, Line 2d - Other Adjustments		ROUNDING 594
Part XII, Line 4b - Other Adjustments		REVENUES IN UNRESTRICTED FUND BALANCE 114428 RENTAL EXPENSE 341821 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 345890 REVENUE RECORDED AS OFFSET TO EXPENSE ON BOOKS 1865866
Part XIII, Line 2d - Other Adjustments		EXPENSES IN UNRESTRICTED FUND BALANCE 1505055 ROUNDING 232
Part XIII, Line 4b - Other Adjustments		RENTAL EXPENSE 341821 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 345890 REVENUE RECORDED AS OFFSET TO EXPENSE ON BOOKS 1865866

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No 1545-0047

2009

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Inspection

Name of the organization
THE FINLEY HOSPITAL

Employer identification number
42-0680354

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 100000 0000000000 _____% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	Yes	
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . .			1,610,783		1,610,783	1 910 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .		9,419	6,710,933	5,751,876	959,057	1 140 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		9,419	8,321,716	5,751,876	2,569,840	3 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		8,395	381,206	10,802	370,404	0 440 %
f Health professions education (from Worksheet 5) . . .		281	494,234		494,234	0 590 %
g Subsidized health services (from Worksheet 6) . . .		18,497	7,351,543	5,521,352	1,830,191	2 170 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .		45,610	578,660	213,744	364,916	0 430 %
j Total Other Benefits		72,783	8,805,643	5,745,898	3,059,745	3 630 %
k Total. Add lines 7d and 7j . . .		82,202	17,127,359	11,497,774	5,629,585	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support		4,102	103,237	1,000	102,237	0 120 %
4Environmental improvements						
5Leadership development and training for community members		100	2,371		2,371	0 %
6Coalition building		0	6,828		6,828	0 010 %
7Community health improvement advocacy						
8Workforce development		1	449		449	0 %
9Other						
10Total		4,203	112,885	1,000	111,885	0 130 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	420,161	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	147,561	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	27,501,935	
6Enter Medicare allowable costs of care relating to payments on line 5	6	32,616,192	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-5,114,257	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1DUBUQUE ENDOSCOPY CENTER LC	AMBULATORY SURGERY CENTER	51 000 %		49 000 %
2UNITED CLINICAL LABORATORIES INC	MEDICAL LABORATORY SERVICES	33 330 %		33 330 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

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)
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVE DUBUQUE,IA 52001	X	X					X		
DBA FINLEY HOME HEALTH CARE 1333 DELHI ST DUBUQUE,IA 52001									LICENSED TO OPERATE HOME HEALTH AGENCY IN WI & IL
DBA FINLEY OUTPATIENT REHAB-GRANDVIEW 444 NORTH GRANDVIEW AVENUE DUBUQUE,IA 52001									OUTPATIENT REHAB CLINIC
DBA FINLEY OUTPATIENT REHAB-WESTMARK 1665 EMBASSY WEST DRIVE STE 250 DUBUQUE,IA 52002									OUTPATIENT REHAB CLINIC
DBA KEHL DIABETES CENTER 1550 UNIVERSITY AVENUE DUBUQUE,IA 52001									OUTPATIENT DIABETES CLINIC
DBA WENDT CANCER TREATMENT 350 NORTH GRANDVIEW AVE DUBUQUE,IA 52001									OUTPATIENT RADIATION ONCOLOGY SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FINLEY HOSPITAL

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
42-0680354

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINLEY HEALTH FOUNDATION INC350 NORTH GRANDVIEW AVE DUBUQUE,IA 52001	421286953	501(C)(3)		56,007	FMV	IN-KIND INFORMATION TECHNOLOGY SERVICES	PROGRAM SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization THE FINLEY HOSPITAL	Employer identification number 42-0680354
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☒ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☒ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☒ Independent compensation consultant		
☐ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN KNOX	(i)	267,694	115,180	48,943	176,726	20,731	629,274	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN ABBA	(i)	169,595	52,109	3,175	56,168	23,341	304,388	0
	(ii)	0	0	0	0	0	0	0
KATHY RIPPLE (TO 309)	(i)	37,278	27,341	132,044	4,470	6,693	207,826	0
	(ii)	0	0	0	0	0	0	0
CHAD WOLBERS	(i)	152,116	0	11,178	7,575	20,357	191,226	0
	(ii)	0	0	0	0	0	0	0
THEODORE GIFFORD	(i)	239,473	0	1,884	12,098	9,621	263,076	0
	(ii)	0	0	0	0	0	0	0
SANJEEV GUPTA	(i)	475,000	0	42,692	12,250	192	530,134	0
	(ii)	0	0	0	0	0	0	0
KEVIN KURTH	(i)	145,507	0	67,815	4,207	6,376	223,905	0
	(ii)	0	0	0	0	0	0	0
ANTHONY MARKHAM	(i)	250,355	0	720	12,250	16,630	279,955	0
	(ii)	0	0	0	0	0	0	0
PHILIP ZIMMERMAN	(i)	239,216	0	1,512	12,250	21,978	274,956	0
	(ii)	0	0	0	0	0	0	0
KIMBERLEY GAU CEO GMH	(i)	119,785	14,948	16,598	7,635	9,651	168,617	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS. PER FINLEY'S BUSINESS TRAVEL POLICY (201E), NON-REIMBURSABLE EXPENSES INCLUDE EXPENSES OF A SPOUSE OR FRIEND. THEREFORE, WHEN A SPOUSE OR FRIEND TRAVELS WITH AN EMPLOYEE OR BOARD MEMBER, THESE EXPENSES ARE NOT PAID BY THE HOSPITAL. IF THE HOSPITAL PAYS FOR THEM, THE EMPLOYEE OR BOARD MEMBER HAS THE CHOICE TO RE-PAY THE HOSPITAL OR HAVE THE "INCOME" ADDED TO THEIR FORM W-2 OR FORM 1099. HOUSING ALLOWANCE. IN ORDER TO RECRUIT A NEW EXECUTIVE IN 2008, HOUSING ALLOWANCE WAS PROVIDED FOR 8 MONTHS (2 MONTHS IN 2008 AND 6 MONTHS IN 2009) OR UNTIL THE EXECUTIVE'S PREVIOUS RESIDENCE WAS SOLD. IT IS NOT STANDARD POLICY TO PROVIDE THIS ALLOWANCE AND WAS PROVIDED SPECIFICALLY FOR RECRUITMENT. THIS ALLOWANCE WAS INCLUDED IN COMPENSATION, TAXED, AND REPORTED ON FORM W-2.
	Part I, Line 1b	TRAVEL FOR COMPANIONS. COSTS COVERED UNDER WRITTEN POLICY. HOUSING ALLOWANCE. THE HOUSING ALLOWANCE WAS NOT PROVIDED AS PART OF A WRITTEN POLICY, BUT WAS COVERED IN A WRITTEN EMPLOYMENT CONTRACT. IT IS NOT STANDARD POLICY TO PROVIDE THIS ALLOWANCE, AS IT WAS PROVIDED SPECIFICALLY FOR RECRUITMENT PURPOSES.
	Part I, Line 4a	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME: KATHY RIPPLE \$105,158. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: KATHLEEN ABBA \$44,841, JOHN KNOX \$164,477.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization THE FINLEY HOSPITAL	Employer identification number 42-0680354
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DUBUQUE ENDOSCOPY CENTER LC	COMMON BOARD MEMBER/OFFICER	842,000	DIVIDENDS		No
DUBUQUE SURGERY	COMMON BOARD MEMBER/OFFICER	187,000	TRAUMA CALL AND PHONE SERVICES		No
FINLEYHARTIG HOMECARE LLC	COMMON BOARD MEMBER/OFFICER	140,000	DIVIDENDS		No
KEN-MO FARMS INC	COMMON BOARD MEMBER/OFFICER	136,000	RENT		No
TRI-STATE IPA	COMMON BOARD MEMBER/OFFICER	272,000	ADMINISTRATOR PAY, DUES, OCCUPATIONAL HEALTH, ETC		No
UNITED CLINICAL LABORATORIES INC	COMMON BOARD MEMBER/OFFICER	5,008,000	LAB SERVICES, AND LAB RENTS		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization THE FINLEY HOSPITAL	Employer identification number 42-0680354
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		FINLEY TRI-STATES HEALTH GROUP, INC , A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS SOLE MEMBER
Form 990, Part VI, Section A, line 7a		FINLEY TRI-STATES HEALTH GROUP, INC , AS SOLE MEMBER, APPOINTS ONE BOARD MEMBER AND APPROVES OTHERS IOWA HEALTH SYSTEM, AS SOLE MEMBER OF FINLEY TRI-STATES HEALTH GROUP, APPOINTS ONE BOARD MEMBER AND APPROVES OTHERS
Form 990, Part VI, Section A, line 7b		FINLEY TRI-STATES HEALTH GROUP, INC , AS SOLE MEMBER, APPOINTS AND REMOVES BOARD OF DIRECTORS, APPROVES AMENDMENTS TO ARTICLES AND BYLAWS, APPROVES INDEBTEDNESS, AND APPOINTS PRESIDENT
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PREPARED INTERNALLY BY THE TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION EACH SECTION OF THE RETURN IS REVIEWED BY FUNCTIONAL AREA WITH RESPONSIBILITY ALONG WITH THE TAX DEPARTMENT A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW A SUBCOMMITTEE OF THE BOARD REVIEWS THE FORM 990 AND REPORTS BACK TO THE FULL BOARD A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHY SIC IANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHY SIC IAN 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY , 2) HAS READ AND UNDERSTANDS THE POLICY , 3) AGREES TO COMPLY WITH THE POLICY , 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHY SIC IAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHY SIC IAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHY SIC IAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION, 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES, THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH, IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHY SIC IAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15		THE ORGANIZATION, AS PART OF IOWA HEALTH SYSTEM, IS INCLUDED IN THE PROCESS OF ESTABLISHING REASONABLE AND APPROPRIATE COMPENSATION SYSTEM-WIDE, WE COMPARE OUR TOP 50 POSITIONS WITH LIKE/COMPARABLE ENTITIES ACROSS THE COUNTRY , USING THE BEST, INDEPENDENT COMPENSATION CONSULTANTS AVAILABLE BASED ON THIS INPUT, COMPENSATION, INCLUDING INCENTIVE COMPENSATION PROGRAMS AND BENEFITS ARE STRUCTURED OUR MARKET DATA, COMPENSATION CONSULTANT, AND BOARD OF COMMUNITY AND BUSINESS LEADERS FULLY SUPPORT THE REASONABLENESS OF OUR EXECUTIVES' COMPENSATION WE FULLY COMPLY WITH THE COMPREHENSIVE FEDERAL LAW AND REGULATIONS COVERING EXECUTIVE COMPENSATION IN TAX EXEMPT ENTITIES, AND HAD 3 ENTITIES REVIEWED BY THE IRS FOR TAX YEAR 2002 THE IRS ISSUED NO CHANGE LETTERS CLOSING THE REVIEW THE ANALYSIS WAS LAST PERFORMED IN NOVEMBER 2009 FOR THE FOLLOWING INDIVIDUALS KATHLEEN ABBA, JOHN KNOX AND CHAD WOLBERS
Form 990, Part VI, Section C, line 19		IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, HAS VOLUNTARILY ADOPTED MANY OF OUR INDUSTRY'S GOVERNANCE "BEST PRACTICES " WE'VE DONE SO TO FURTHER ASSURE OUR STAKEHOLDERS THAT OUR GOVERNANCE AND MANAGEMENT IS CONDUCTED RESPONSIBLY AND WARRANTS THE TRUST YOU PLACE IN US IN SEPTEMBER 2003, THE IOWA HEALTH BOARD OF DIRECTORS VOLUNTARILY ADOPTED OVER 40 CHANGES TO ITS GOVERNANCE STRUCTURE TO BETTER COMPLY WITH GOVERNANCE BEST PRACTICES IN ADDITION, MANY GOVERNANCE POLICIES AND CORPORATE INFORMATION HAS BEEN ADDED TO THE IOWA HEALTH SYSTEM WEBSITE, INCLUDING BUT NOT LIMITED TO OVER 130 CORPORATE COMPLIANCE POLICIES, INCLUDING CHARITY CARE AND CONFLICT OF INTEREST, GOVERNANCE BEST PRACTICE POLICIES, BOARD MEMBERS AND COMMITTEES, COMPENSATION FOR EACH SENIOR AFFILIATE TOP EXECUTIVE, AND FINANCIAL INFORMATION FOR PAST SEVEN YEARS
		SCH R, PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS THE AMOUNTS LISTED IN COLUMN C WERE OBTAINED FROM THE CORPORATE BOOKS AND RECORDS OF THE ORGANIZATIONS BASED ON GAAP, CASH AND/OR FAIR MARKET VALUE

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

42-0680354

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEDIMORE INC 1200 PLEASANT ST DES MOINES, IA50309 42-1414390	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C	213,077		100 000 %
PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA52807 37-1288604	MANAGED MENTAL CARE	IA	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	C	543,400	363,524	100 000 %
ST LUKE'S DEVELOPMENT COMPANY 1026 A AVE NE CEDAR RAPIDS, IA52402 42-1353658	LESSOR NONRESIDENTIAL REAL ESTATE	IA	ST LUKE'S HEALTH CARE FOUNDATION	C	-148,038	6,775,590	100 000 %
STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	ST LUKE'S METHODIST HOSPITAL	C	369,116	6,806,817	100 000 %
TRIMARK PHYSICIANS GROUP INC 802 KENYON ROAD FORT DODGE, IA50501 42-1335554	MEDICAL CLINICS	IA	TRINITY HEALTH SYSTEMS INC	C	41,207,370	15,473,912	100 000 %
TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	TRINITY REGIONAL HEALTH SYSTEM	C	3,826,285	8,415,764	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
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		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
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 on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	DUBUQUE ENDOSCOPY CENTER LC	C	841,500
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

(a)	(b)	(c)	(d)		(e)	(f)		(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 42-0680354

Name: THE FINLEY HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN BURNS BOARD MEMBER	1 00	X						0	0	0
RONALD CAVANAGH BOARD SECRETARY/TREASURE	1 00	X		X				732	0	0
PAUL DELONG DMD BOARD MEMBER	1 00	X						662	0	0
KATHRYN DOLTER BOARD MEMBER (TO 3/09)	1 00	X						0	0	0
SARAH HASKEN BOARD CHAIR	1 00	X		X				689	0	0
JOHN KNOX BOARD MEMBER & PRES/CEO	40 00	X		X				431,817	0	197,457
TIMOTHY KUNKEL BOARD MEMBER	1 00	X						886	0	0
CHAD LEITCH BOARD VICE CHAIR	1 00	X		X				675	0	0
KEVIN LYNCH BOARD MEMBER	1 00	X						0	0	0
JEFFREY MOZENA BOARD MEMBER	1 00	X						656	0	0
DAVID OPPERT MD BOARD MEMBER	1 00	X						666	0	0
DALE REPASS BOARD MEMBER	1 00	X						642	0	0
JAMES WHITE MD BOARD MEMBER	1 00	X						769	500	0
NANCY WILSON BOARD MEMBER	1 00	X						0	0	0
LAURA WITTHOEFT MD BOARD MEMBER	1 00	X						1,201	0	0
KATHLEEN ABBA VP FINANCE & CFO	40 00			X				224,879	0	79,509
KATHY RIPPLE TO 309 VP NURSING SERVICES	40 00			X				196,663	0	11,163
CHAD WOLBERS COO	40 00			X				163,294	0	27,932
THEODORE GIFFORD PHYSICIAN	40 00					X		241,357	0	21,719
SANJEEV GUPTA PHYSICIAN	40 00					X		517,692	0	12,442
KEVIN KURTH PHYSICIAN	40 00					X		213,322	0	10,583
ANTHONY MARKHAM PHYSICIAN	40 00					X		251,075	0	28,880
PHILIP ZIMMERMAN PHYSICIAN	40 00					X		240,728	0	34,228
KIMBERLEY GAU CEO GMH FORMER OFFICER	40 00						X	151,331	0	17,286

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	900,099	85,833,007	85,833,007		
MANAGEMENT, IT AND SUP	541,900	1,946,237	580,047	247,464	1,118,726
PROGRAM SERVICES SUBSI	900,099	855,965	844,049	11,916	
PHARMACY REVENUE	446,110	756,925			756,925
COMMUNITY HEALTH, EDUC	624,100	401,054	401,054		

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 42-0680354
Name: THE FINLEY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALLEN COLLEGE 1825 LOGAN AVENUE WATERLOO, IA50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS INC
ALLEN HEALTH SYSTEMS INC 1825 LOGAN AVENUE WATERLOO, IA50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO, IA50703 42-0698265	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(III)	ALLEN HEALTH SYSTEMS INC
ANAMOSA AREA AMBULANCE SERVICE 101 GRANT WOOD DRIVE ANAMOSA, IA52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'SJONES REGIONAL MEDICAL CENTER
CENTRAL IOWA HEALTH PROPERTIES CORPORATION 1200 PLEASANT STREET DES MOINES, IA50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM
CENTRAL IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA50309 42-0680452	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM
FINLEY HEALTH FOUNDATION INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-1286953	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(VI)	THE FINLEY HOSPITAL AND THE DUBUQUE VISITING NURSE ASSOCIATION
FINLEY TRI-STATES HEALTH GROUP INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-1307495	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
HNC SERVICES 1200 PLEASANT STREET DES MOINES, IA50309 27-0987243	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
INTRUST 11333 AURORA AVENUE URBANDALE, IA50322 42-1477471	HOME HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
IOWA HEALTH FOUNDATION 1440 INGERSOLL AVENUE DES MOINES, IA50309 42-1467682	CHARITABLE FUNDRAISING	IA	501(C)(3)	509(A)(3), TYPE III	CENTRAL IOWA HEALTH SYSTEM
IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA50309 42-1435199	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	
IOWA LUTHERAN HOSPITAL AUXILIARY 1440 INGERSOLL AVENUE DES MOINES, IA50309 42-6059539	SUPPORT IOWA LUTHERAN HOSPITAL MISSION TO IMPROVE HEALTHCARE	IA	501(C)(3)	509(A)(3), TYPE III	
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD COURT JOHNSTON, IA50131 42-1411630	PRIMARY HEALTH CARE SERVICES	IA	501(C)(3)	170(b)(1) (A)(III)	IOWA HEALTH SYSTEM
JONES REGIONAL MEDICAL CENTER FOUNDATION 104 BROADWAY PLACE ANAMOSA, IA52205 42-1429225	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(VI)	ST LUKE'SJONES REGIONAL MEDICAL CENTER
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA50703 42-1201138	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(VI)	ALLEN HEALTH SYSTEMS INC
NELLIE R SHERWOOD TRUST 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C)(3)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED 720 KENYON DRIVE FORT DODGE, IA50501 42-0937390	MENTAL HEALTH CARE	IA	501(C)(3)	170(b)(1) (A)(III)	TRINITY HEALTH SYSTEMS INC
NORTHWEST IOWA HOSPITAL CORPORATION 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1019872	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(III)	IOWA HEALTH SYSTEM
NORTHWOODS LIVING INC 802 KENYON ROAD FORT DODGE, IA50501 42-1307776	SERVE INDIVIDUALS WITH DISABILITIES AND/OR CHALLENGES	IA	501(C)(3)	170(b)(1) (A)(VI)	TRINITY HEALTH SYSTEMS INC
ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA52402 42-1106819	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(VI)	ST LUKE'S METHODIST HOSPITAL (50 BENEFICIAL INTEREST)
ST LUKE'S HEALTH FOUNDATION OF SIOUX CITY IOWA 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1301885	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(VI)	NORTHWEST IOWA HOSPITAL CORPORATION (50 BENEFICIAL INTEREST)
ST LUKE'S HEALTH RESOURCES 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1059182	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTH SYSTEM INC
ST LUKE'S HEALTH SYSTEM INC 2720 STONE PARK BLVD SIOUX CITY, IA51104 42-1294091	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM
ST LUKE'S HEALTHCARE 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-1487968	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ST LUKE'S METHODIST HOSPITAL 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-0504780	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(III)	ST LUKE'S HEALTHCARE
ST LUKE'SJONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST ANAMOSA, IA52205 42-1487967	HOSPITAL	IA	501(C)(3)	0	ST LUKE'S HEALTHCARE
STL CARE COMPANY 1026 A AVENUE NE CEDAR RAPIDS, IA52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTHCARE
THE DUBUQUE VISITING NURSE ASSOCIATION 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	FINLEY TRI-STATES HEALTH GROUP INC
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 2701 17TH STREET ROCK ISLAND, IL 61201 36-3678909	MENTAL HEALTH CARE	IL	501(C)(3)	170(b)(1) (A)(vi)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY BUILDING CORPORATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1376187	PROPERTY HOLDING COMPANY	IA	501(C)(2)		TRINITY HEALTH SYSTEMS INC
TRINITY HEALTH FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1222381	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1) (A)(vi)	TRINITY HEALTH SYSTEMS INC
TRINITY HEALTH FOUNDATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3321751	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(b)(1) (A)(vi)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY HEALTH SYSTEMS INC 802 KENYON ROAD FORT DODGE, IA 50501 42-1222877	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND, IL 61201 36-2739299	HOSPITAL	IL	501(C)(3)	170(b)(1) (A)(iii)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY REGIONAL HEALTH SYSTEM 2701 17TH STREET ROCK ISLAND, IL 61201 36-3351952	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY REGIONAL HOSPITAL AUXILIARY 802 KENYON ROAD FORT DODGE, IA 50501 42-6081474	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER
TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD FORT DODGE, IA 50501 42-1009175	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	TRINITY HEALTH SYSTEMS INC
TRINITY VISITING NURSE & HOMECARE ASSOCIATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3052939	HOME HEALTH CARE	IL	501(C)(3)	509(A)(2)	TRINITY REGIONAL HEALTH SYSTEM
UNITY HEALTHCARE 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C)(3)	170(b)(1) (A)(iii)	TRINITY REGIONAL HEALTH SYSTEM
UNITY HEALTHCARE FOUNDATION 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-1525031	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE I	TRINITY REGIONAL HEALTH SYSTEM

