See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
IOWA HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1200 PLEASANT ST

City or town, state or country, and ZIP + 4
DES MOINES, IA 503091453

D Employer identification number
42-1435199

E Telephone number
(515) 241-4237

G Gross receipts $ 111,197,725

F Name and address of principal officer
WILLIAM B LEAVER
1200 PLEASANT ST
DES MOINES,IA 503091453

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 IHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1994 | **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	674
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	983,258
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-157,785

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	12,836,619	13,212,720
	9 Program service revenue (Part VIII, line 2g)	124,993,436	77,672,478
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,777,322	18,550,467
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,607,377	109,435,665
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,181,912	13,123,399
	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)	45,285,579	39,632,576
	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)	90,276,917	107,969,120
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	148,744,408	160,725,095
	19 Revenue less expenses Subtract line 18 from line 12	8,862,969	-51,289,430

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	736,087,216	729,964,712
	21 Total liabilities (Part X, line 26)	746,146,441	714,746,700
	22 Net assets or fund balances Subtract line 21 from line 20	-10,059,225	15,218,012

Part II Signature Block

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

Sign Here

****** | 2010-10-26
Signature of officer | Date

KEVIN E VERMEER EXECUTIVE VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 152,907,271 including grants of $ 13,046,899) (Revenue $ 77,672,478)

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

4b (Code) (Expenses $ 1,425,726 including grants of $ 76,500) (Revenue $ 0)

COMMUNITY BENEFITSIOWA HEALTH SYSTEM PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS, HEALTH PROFESSIONAL'S EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS IOWA HEALTH SYSTEM COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE IOWA HEALTH SYSTEM HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS TOTAL OTHER BENEFITS REPORTED VALUE $1,425,726

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 154,332,997

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	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	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		No

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	159		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	674		
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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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		No
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	19		
b	Enter the number of voting members that are independent	1b	15		
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?				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?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?				No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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				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 ▶

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 ▶

KEVIN E VERMEER EXECUTIVE VPCFO
1200 PLEASANT ST
DES MOINES,IA 503091453
(515) 241-8215

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	6,326,885	220,532	902,922

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 ▶ 45

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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
IBM PO BOX 643600 PITTSBURGH, PA 15264	IT CONSULTING	10,915,891
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 606930001	IT CONSULTING	6,963,260
SIRIUS COMPUTER SOLUTIONS INC PO BOX 202289 DALLAS, TX 753202289	IT CONSULTING	3,348,025
AON RISK SERVICES CENTRAL INC 75 REMITTANCE DR CHICAGO, IL 606751943	INSURANCE	3,290,359
FIBER UTILITIES OF IOWA 222 3RD AVE SE SUITE 500 CEDAR RAPIDS, IA 52401	IT CONSULTING	3,088,608
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 ▶ 113		

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	12,930,104			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	282,616			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		13,212,720			
Program Service Revenue			Business Code				
	2a	MANAGEMENT, IT AND SUP	541,900	77,826,146	76,685,103	1,141,043	
	b	PROGRAM SERVICES SUBSI	900,099	-153,668	4,117	-157,785	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		77,672,478			
	3	Investment income (including dividends, interest and other similar amounts)		19,759,508			19,759,508
	4	Income from investment of tax-exempt bond proceeds		533			533
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		552,486			
	b	Less cost or other basis and sales expenses		1,762,060			
	c	Gain or (loss)		-1,209,574			
	d	Net gain or (loss)			-1,209,574		-1,209,574
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		109,435,665	76,689,220	983,258	18,550,467

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	13,123,399	13,123,399		
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	4,807,553		4,807,553	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,223,393	1,223,393		
7	Other salaries and wages	27,753,339	27,753,339		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-634,355	-634,355		
9	Other employee benefits	4,129,300	4,129,300		
10	Payroll taxes	2,353,346	2,353,346		
11	Fees for services (non-employees)				
a	Management				
b	Legal	574,885	574,885		
c	Accounting	561,946	561,946		
d	Lobbying	825,868	825,868		
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	31,400	31,400		
g	Other	35,899,898	34,676,513	1,223,385	
12	Advertising and promotion	403,264	398,617	4,647	
13	Office expenses	7,712,073	7,684,561	27,512	
14	Information technology	97,384	97,235	149	
15	Royalties				
16	Occupancy	1,427,853	1,427,853		
17	Travel	955,366	668,728	286,638	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	217,281	214,378	2,903	
20	Interest	26,955,988	26,955,988		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,212,933	22,212,453	480	
23	Insurance	54,406	54,406		
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	LOSS ON BOND REFINANCIN	9,390,243	9,390,243		
b	MISCELLANEOUS EXPENSES	648,332	609,501	38,831	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	160,725,095	154,332,997	6,392,098	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		134,294,607	2	88,260,507
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		210,890	4	710,280
	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		478,437,375	7	536,108,170
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,616,839	9	7,817,660
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 190,478,555			
	b	Less accumulated depreciation	10b 121,648,216	67,028,735	10c	68,830,339
	11	Investments—publicly traded securities		35,301,895	11	15,603,149
	12	Investments—other securities See Part IV, line 11		250,000	12	50,000
	13	Investments—program-related See Part IV, line 11		2,120,809	13	2,470,034
	14	Intangible assets		8,067,038	14	5,553,960
	15	Other assets See Part IV, line 11		1,758,528	15	4,560,113
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		736,087,216	16	729,964,712
Liabilities	17	Accounts payable and accrued expenses		14,084,059	17	24,537,296
	18	Grants payable			18	
	19	Deferred revenue			19	2,591,650
	20	Tax-exempt bond liabilities		606,951,902	20	651,114,358
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		125,110,480	25	36,503,396
	26	**Total liabilities.** Add lines 17 through 25		746,146,441	26	714,746,700
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		-10,099,723	27	15,176,152
	28	Temporarily restricted net assets		40,498	28	41,860
	29	Permanently restricted net assets			29	
		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		-10,059,225	33	15,218,012
	34	Total liabilities and net assets/fund balances		736,087,216	34	729,964,712

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		No
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	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

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
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

The organization is not a private foundation because it is (For lines 1 through 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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									12,830,104

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 III Support 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

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CENTRAL IOWA HOSPITAL CORPORATION	420680452	3	Yes		Yes		Yes		3713733
ST LUKE'S METHODIST HOSPITAL	420504780	3	Yes		Yes		Yes		2199756
ALLEN MEMORIAL HOSPITAL CORPORATION	420698265	3	Yes		Yes		Yes		4891029
NORTHWEST IOWA HOSPITAL CORPORATION	421019872	3	Yes		Yes		Yes		0
THE FINLEY HOSPITAL	420680354	3	Yes		Yes		Yes		0
TRINITY REGIONAL MEDICAL CENTER	421009175	3	Yes		Yes		Yes		0
TRINITY MEDICAL CENTER	362739299	3	Yes		Yes		Yes		2025586

Additional Data

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

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			
PEG ARMSTRONG-GUSTAFSON BOARD MEMBER	1 00	X						12,250	299	0
PAULA ARNELL MD BOARD VICE CHAIR	1 00	X		X				11,750	0	0
MARK BALDWIN BOARD MEMBER	1 00	X						14,898	243	0
GENE BLANC BOARD MEMBER	1 00	X						11,532	0	0
PAUL BRANDT BOARD SECRETARY	1 00	X		X				14,933	0	0
TERRI CHRISTOFFERSEN BOARD MEMBER	1 00	X						15,500	0	0
KATHY ENO BOARD MEMBER	1 00	X						13,520	0	0
JOHN GLEESON BOARD MEMBER	1 00	X						13,500	0	0
JAMES HOFFMAN BOARD CHAIR	1 00	X		X				27,196	0	0
RONALD KLOSTERMAN BOARD MEMBER	1 00	X						13,500	0	0
LAWRENCE LIEBSCHER MD BOARD MEMBER	1 00	X						13,500	503	0
PETE MCLAUGHLIN BOARD MEMBER (FR 5/09)	1 00	X						10,250	0	0
LINDA NEWBORN BOARD MEMBER	1 00	X						13,500	0	0
DAVID OMAN BOARD MEMBER	1 00	X						13,648	374	0
MARC PARISE BOARD MEMBER (TO 3/09)	1 00	X						2,750	0	0
KURT PITTNER BOARD MEMBER	1 00	X						13,500	500	0
WILLIAM PROWELL BOARD MEMBER	1 00	X						14,750	0	0
DONALD ROSS BOARD MEMBER	1 00	X						15,868	76	0
KEVIN SCHMINKE MD BOARD MEMBER	1 00	X						13,500	0	0
BRUCE SHERMAN BOARD TREASURER	1 00	X		X				14,577	76	0
WILLIAM LEAVER PRESIDENT/CEO	40 00			X				1,277,260	0	360,111
KATHERINE MARCHIK VP CORP FIN/TREAS (FR 9/	40 00			X				63,974	86,506	15,343
CRAIG MCKNIGHT INTERIM CFO (TO 7/09)	40 00			X				196,179	0	11,882
STEVEN SCHAFER VP CORP FIN/TREAS (TO 2/	40 00			X				263,375	0	13,104
KEVIN VERMEER VP/CFO (FROM 5/09)	40 00			X				288,664	131,955	113,594

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			
CHERI BUSTOS VP COMMUNICATIONS	40 00				X			205,987	0	23,661
DENNIS DRAKE VP GENERAL COUNSEL/CORP	40 00				X			460,854	0	88,279
JOY GROSSER VP & CIO (FR 5/09)	40 00				X			213,921	0	48,928
ALAN KAPLAN VP/CMO (FR 6/09)	40 00				X			310,827	0	30,198
SARA VOTROUBEK VP HUMAN RESOURCES	40 00				X			540,302	0	34,207
SAL BOGNANNI DIR CLINICAL PERFORM IMP	40 00					X		201,087	0	10,946
IGNATIUS BRADY ASST MEDICAL DIRECTOR	40 00					X		230,228	0	28,437
SABRA CRAIG VP GOVERNMENT RELATIONS	40 00					X		196,559	0	34,816
DANIEL MCDOW COO IHS CONTRACTING SVCS	40 00					X		234,304	0	27,111
GERALD SCHMIDT DIR INTERNAL AUDIT	40 00					X		195,001	0	21,132
DUNCAN GALLAGHER FORMER VP/CFO	0 00						X	833,794	0	23,119
JAMES MORMANN FORMER VP & CIO	0 00						X	340,147	0	18,054

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
IOWA HEALTH SYSTEM	42-1435199

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☑ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	825,868	939,868
c Total lobbying expenditures (add lines 1a and 1b)	825,868	939,868
d Other exempt purpose expenditures	153,507,129	1,731,351,875
e Total exempt purpose expenditures (add lines 1c and 1d)	154,332,997	1,732,291,743
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	481,725	608,809	936,860	939,868	2,967,262
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	67,000	54,695			121,695

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	40,498	37,616			
b Contributions	51,133	54,000			
c Investment earnings or losses	1,508	2,736			
d Grants or scholarships					
e Other expenditures for facilities and programs	51,279	53,854			
f Administrative expenses					
g End of year balance	41,860	40,498			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 100 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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				
b Buildings		1,841,245	1,411,486	429,759
c Leasehold improvements				
d Equipment		165,898,168	105,031,880	60,866,288
e Other		22,739,142	15,204,850	7,534,292
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				68,830,339

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF-INSURANCE RESERVE	576,034
SWAP LIABILITY	32,142,112
CAPITAL LEASE PAYABLE TO IBM	1,302,305
LONG-TERM RETENTION INCENTIVES	2,482,945
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	36,503,396

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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)	1	109,435,665
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	160,725,095
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-51,289,430
4	Net unrealized gains (losses) on investments	4	76,717,766
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	2,214
8	Other (Describe in Part XIV)	8	-153,313
9	Total adjustments (net) Add lines 4 - 8	9	76,566,667
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,277,237

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	112,027,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-20,119,361		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	22,717,568		
e	Add lines **2a** through **2d**			2e	2,598,207
3	Subtract line **2e** from line **1**			3	109,428,793
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	6,872		
c	Add lines **4a** and **4b**			4c	6,872
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	109,435,665

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	138,499,000
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)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	138,499,000
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	22,226,095		
c	Add lines **4a** and **4b**			4c	22,226,095
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	160,725,095

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		FUND BALANCE TRANSFERS -153313
Part XII, Line 2d - Other Adjustments		REVENUES IN UNRESTRICTED FUND BALANCE 22717187 ROUNDING 381
Part XII, Line 4b - Other Adjustments		REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE 1362 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 5510
Part XIII, Line 4b - Other Adjustments		EXPENSES IN UNRESTRICTED FUND BALANCE 12830112 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 5510 ROUNDING 230 LOSS ON BOND REFINANCING 9390243

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 15

3 Enter total number of other organizations . . . ▶

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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 IOWA HEALTH SYSTEM REQUIRES EACH RECIPIENT OF THE GRANTS (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT AND OUTLINE A SERIES OF ELIGIBLITY STANDARDS THAT ARE REQUIRED TO BE MET IOWA HEALTH SYSTEM THEN REVIEWS THESE APPLICATIONS, AND BASED ON NEED AND ELIGIBILITY, A COMMITTEE MAKES THE FINAL DECISION ON ALL GRANT RECIPIENTS

Additional Data Return to Form

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

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

(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
ALS ASSOCIATION IOWA CHAPTER6165 NW 86TH STREET SUITE 205 JOHNSTON,IA 50131	30-0051272	501c(3)	15,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION1111 9TH STREET 280 DES MOINES,IA 50314	13-5613797	501c(3)	15,000				PROGRAM SUPPORT
DES MOINES BRANCH NAACPPO BOX 5036 DES MOINES,IA 50305	42-6124965	501c(3)	5,000				PROGRAM SUPPORT
DES MOINES UNIVERSITY 3200 GRAND AVENUE DES MOINES,IA 50312	42-0730347	501c(3)	5,000				PROGRAM SUPPORT
GIRL SCOUTS10715 HICKMAN ROAD URBANDALE,IA 50322	42-1008848	501c(3)	20,000				PROGRAM SUPPORT
INSTITUTE FOR CHARACTER DEVELOPMENT (DBA for Legacy 150 Foundation)2417 UNIVERSITY AVE DES MOINES,IA 50311	39-1896160	501c(3)	40,000				PROGRAM SUPPORT
IOWA HEALTHCARE COLLABORATIVE100 EAST GRAND SUITE 100 DES MOINES,IA 50309	20-3869767	501c(3)	50,000				PROGRAM SUPPORT
IOWA HOMELESS YOUTH CENTERS1219 BUCHANAN STREET DES MOINES,IA 50316	42-1051609	501c(3)	15,000				PROGRAM SUPPORT
IOWA MEDICAL SOCIETY 1001 GRAND AVE WEST DES MOINES,IA 50265	42-0335500	501c(3)	24,500				PROGRAM SUPPORT
IOWA NURSES FOUNDATION100 GREAT IOWA NURSES CORALVILLE,IA 52241	23-7198389	501c(3)	10,000				PROGRAM SUPPORT

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

(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
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD CT JOHNSTON,IA 50131	42-1411630	501c(3)	12,830,112				PROGRAM SUPPORT
IOWA STATEWIDE POISON CONTROL2910 HAMILTON BLVD LOWER A SIOUX CITY,IA 51104	42-1509042	501c(3)	34,714				PROGRAM SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA 3838 70th STREET SUITE 101 URBANDALE,IA 50322	42-1310530	501c(3)	17,500				PROGRAM SUPPORT
SAFEGUARD IOWA PARTNERSHIP100 E GRAND AVE SUITE 165 DES MOINES,IA 50309	26-3339967	501c(3)	5,000				PROGRAM SUPPORT
WELLNESS COUNCIL OF CENTRAL IOWA3200 GRAND AVENUE DES MOINES,IA 50312	42-1345230	501c(3)	10,000				PROGRAM SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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				
See Additional Data Table							

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 CEO AND BOARD MEMBERS USE PRIVATE CHARTER FOR BUSINESS TRAVEL BETWEEN AFFILIATE CITIES AND FOR BOARD OF DIRECTOR MEETINGS THIS TRAVEL IS FOR BUSINESS PURPOSES ONLY NO FIRST CLASS COMMERCIAL TRAVEL IS REIMBURSED TRAVEL FOR COMPANIONS SPOUSES SOMETIMES ACCOMPANY BOARD MEMBERS AND/OR OFFICERS ON ORGANIZATIONAL ACTIVITIES, INCLUDING BOARD RETREATS THE ADDITIONAL COST ATTRIBUTABLE TO THE SPOUSE IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBER OR OFFICER AND REPORTED AS APPROPRIATE TO THE IRS HOUSING ALLOWANCE A HOUSING ALLOWANCE WAS PROVIDED TEMPORARILY FOR NEW EXECUTIVES WHILE TRANSITIONING RESIDENCE LOCALLY THIS ALLOWANCE WAS INCLUDED IN COMPENSATION, TAXED, AND REPORTED ON FORM W-2
	Part I, Line 4a	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME DUNCAN GALLAGHER $621,676, JAMES MORMANN $303,372, STEVEN SCHAFER $17,105 SARA VOTROUBEK $273,669 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS CHERI BUSTOS $11,100, DENNIS DRAKE $23,325, JOY GROSSER $42,936, ALAN KAPLAN $13,118, WILLIAM LEAVER $314,345, KATHERINE MARCHIK $1,490, DANIEL MCDOW $6,839, KEVIN VERMEER $76,077
Supplemental Information	Part III	COMPENSATION FROM UNRELATED ORGANIZATION IOWA HEALTH SYSTEM PAYS BOARD FEES TO SHUTTLEWORTH & INGERSOLL, PLC IN THE AMOUNT OF BASE PAY $14,750 WILLIAM PROWELL, DIRECTOR, IS AN OFFICER OF SHUTTLEWORTH & INGERSOLL, PLC

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
WILLIAM PROWELL	(I)	14,750	0	0	0	0	14,750	0
	(II)	0	0	0	0	0	0	0
WILLIAM LEAVER	(I)	746,003	468,750	62,507	326,595	33,516	1,637,371	0
	(II)	0	0	0	0	0	0	0
KATHERINE MARCHIK	(I)	50,843	0	13,131	3,718	3,674	71,366	0
	(II)	73,186	3,465	9,855	5,326	2,625	94,457	0
CRAIG MCKNIGHT	(I)	166,594	0	29,585	5,298	6,584	208,061	0
	(II)	0	0	0	0	0	0	0
STEVEN SCHAFER	(I)	31,462	40,032	191,881	4,602	8,502	276,479	150,160
	(II)	0	0	0	0	0	0	0
KEVIN VERMEER	(I)	244,247	0	44,417	83,360	10,666	382,690	0
	(II)	92,019	28,940	10,996	8,406	11,162	151,523	0
CHERI BUSTOS	(I)	136,626	26,000	43,361	19,323	4,338	229,648	0
	(II)	0	0	0	0	0	0	0
DENNIS DRAKE	(I)	328,310	85,156	47,388	71,176	17,103	549,133	0
	(II)	0	0	0	0	0	0	0
JOY GROSSER	(I)	193,408	0	20,513	48,128	800	262,849	0
	(II)	0	0	0	0	0	0	0
ALAN KAPLAN	(I)	257,365	0	53,462	21,079	9,119	341,025	0
	(II)	0	0	0	0	0	0	0
SARA VOTROUBEK	(I)	-4,180	50,418	494,064	4,555	29,652	574,509	105,967
	(II)	0	0	0	0	0	0	0
SAL BOGNANNI	(I)	175,495	17,658	7,934	9,882	1,064	212,033	0
	(II)	0	0	0	0	0	0	0
IGNATIUS BRADY	(I)	230,228	0	0	11,698	16,739	258,665	0
	(II)	0	0	0	0	0	0	0
SABRA CRAIG	(I)	152,924	22,000	21,635	3,901	30,915	231,375	0
	(II)	0	0	0	0	0	0	0
DANIEL MCDOW	(I)	170,336	30,960	33,008	17,152	9,959	261,415	0
	(II)	0	0	0	0	0	0	0
GERALD SCHMIDT	(I)	162,121	32,880	0	9,963	11,169	216,133	0
	(II)	0	0	0	0	0	0	0
DUNCAN GALLAGHER	(I)	-2,325	212,708	623,411	0	23,119	856,913	0
	(II)	0	0	0	0	0	0	0
JAMES MORMANN	(I)	-4,180	40,955	303,372	1,168	16,886	358,201	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	IOWA FINANCE AUTHORITY	52-1699886	462466CF8	03-04-2009	244,270,000	SEE SCHEDULE O		X		X
B	IOWA FINANCE AUTHORITY	52-1699886	462466DS9	08-06-2009	402,440,333	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	244,271,037	402,440,333			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	201,270,000	351,270,000			
4	Other unspent proceeds	14,913,511	14,913,511			
5	Issuance costs from proceeds	1,170,333	1,170,333			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	43,001,037	35,086,489			
8	Year of substantial completion	2009	2010			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X			X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X							
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 170 %		1 070 %						
6	Total of lines 4 and 5		0 170 %		1 070 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider	JP MORGAN & MORGAN STANLEY									
c	Term of hedge	26 000000000000									
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V 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
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, 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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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
WILLIAM LEAVER	OFFICER	415,500	IHS PURCHASED FORMER RESIDENCE		No
US BANK	COMMON BOARD MEMBER/OFFICER	105,179	BANK FEES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HOSPITAL HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD
Form 990, Part VI, Section A, line 7b		IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HOSPITAL HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD
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 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 PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMPLY WITH THE POLICY, 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION, 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES, THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH, IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15		THE ORGANIZATION, AS PART OF IOWA HEALTH SYSTEM, IS INCLUDED IN PROCESS OF ESTABLISHING REASONABLE AND APPROPRIATE COMPENSATION SYSTEMWIDE, 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 FOLLOWING INDIVIDUALS WERE INCLUDED IN THIS PROCESS CHERI BUSTOS, DENNIS DRAKE, DUNCAN GALLAGHER, JOY GROSSER, ALAN KAPLAN, WILLIAM LEAVER, KATHERINE MARCHIK, STEVEN SCHAFER, SARA VOTROUBEK
Form 990, Part VI, Section C, line 19		IOWA HEALTH SYSTEM 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 SYSTEM 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 K, PART I, LINE A(F) DESCRIPTION OF PURPOSE (I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS, (IOWA HEALTH SYSTEM), SERIES 2005B ISSUED ON 7/27/05, (II) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN CEDAR RAPIDS, DES MOINES, DUBUQUE, FORT DODGE, SIOUX CITY, AND WATERLOO, IOWA
		SCH K, PART I, LINE B(F) DESCRIPTION OF PURPOSE (I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS, (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 7/27/05, (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2008A ISSUED ON 5/20/08, (III) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN DES MOINES, DUBUQUE, SIOUX CITY, AND WATERLOO, IOWA

Identifier	Return Reference	Explanation
		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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301016030

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

(a) Name, address, and EIN 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
DISEASE MANAGEMENT STRATEGIES LLC 1200 PLEASANT ST DES MOINES, IA 50309 11-3649153	DISEASE CASE MANAGEMENT SERVICES	IA	0	0	IOWA HEALTH SYSTEM

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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 orgranization 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** Yes	
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**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j** Yes	
k	Performance of services or membership or fundraising solicitations for other 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**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

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

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALLEN COLLEGE 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C)(3)	170(B)(1)(A)(II)	ALLEN HEALTH SYSTEMS INC
ALLEN HEALTH SYSTEMS INC 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO, IA 50703 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, IA 52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S JONES REGIONAL MEDICAL CENTER
CENTRAL IOWA HEALTH PROPERTIES CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM
CENTRAL IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA 50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309 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, IA 52001 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, IA 52001 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, IA 50309 27-0987243	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
INTRUST 11333 AURORA AVENUE URBANDALE, IA 50322 42-1477471	HOME HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
IOWA HEALTH FOUNDATION 1440 INGERSOLL AVENUE DES MOINES, IA 50309 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, IA 50309 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, IA 50309 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, IA 50131 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, IA 52205 42-1429225	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(b)(1)(A)(vi)	ST LUKE'S JONES REGIONAL MEDICAL CENTER
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA 50703 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, IA 52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C)(3)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED 720 KENYON DRIVE FORT DODGE, IA 50501 42-0937390	MENTAL HEALTH CARE	IA	501(C)(3)	170(b)(1)(A)(iii)	TRINITY HEALTH SYSTEMS INC
NORTHWEST IOWA HOSPITAL CORPORATION 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1019872	HOSPITAL	IA	501(C)(3)	170(b)(1)(A)(iii)	IOWA HEALTH SYSTEM
NORTHWOODS LIVING INC 802 KENYON ROAD FORT DODGE, IA 50501 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, IA 52402 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, IA 51104 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, IA 51104 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, IA 51104 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, IA 52402 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, IA 52402 42-0504780	HOSPITAL	IA	501(C)(3)	170(b)(1)(A)(iii)	ST LUKE'S HEALTHCARE
ST LUKE'S JONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST ANAMOSA, IA 52205 42-1487967	HOSPITAL	IA	501(C)(3)	0	ST LUKE'S HEALTHCARE
STL CARE COMPANY 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTHCARE
THE DUBUQUE VISITING NURSE ASSOCIATION 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP INC

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

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

(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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No
1776 WESTLAKES PARKWAY LC 4949 WESTOWN PARKWAY SUITE 200 WEST DES MOINES, IA50266 20-5031651	OWNERSHIP/RENTAL OF 2 COMMERCIAL OFFICE BUILDINGS	IA	N/A	INVESTMENT	-490,526	1,105,078		No	-491,912	Yes	
CENTRAL IOWA HEART SERVICES LLC 1200 PLEASANT STREET DES MOINES, IA50309 20-0783229	CARDIOVASCULAR TREATMENT AND THERAPY	IA	N/A	RELATED	-30,025			No		Yes	
DUBUQUE ENDOSCOPY CENTER LC 1515 DELHI STREET SUITE 500 DUBUQUE, IA52001 20-1597161	AMBULATORY SURGERY CENTER	IA	THE FINLEY HOSPITAL	RELATED	730,836	164,461		No		Yes	
EASTERN IOWA SLEEP CENTER LLC 600 7TH ST CEDAR RAPIDS, IA52401 26-0310416	SLEEP LAB SERVICES	IA	N/A	RELATED	449,821	1,050,670		No		Yes	
FINLEYHARTIG HOMECARE LLC 703 MAIN ST DUBUQUE, IA52001 42-1487138	SALE/RENTAL OF MEDICAL EQUIPMENT	IA	N/A	RELATED	126,368	722,478		No		Yes	
HEALTH CARE AFFILIATES OF THE TRI-STATES LLC 350 N GRANDVIEW AVE DUBUQUE, IA52001 42-1428503	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	RELATED		14,037		No		Yes	
HEALTH ENTERPRISES VENTURES LC 4250 GLASS ROAD NE CEDAR RAPIDS, IA52402 39-1894290	INVESTMENT VEHICLE OWNING PARTS OF EACH OF THE CLINICAL JOINT VENTURES	IA	N/A	UNRELATED	39,141	675,275		No	37,173		No
HY-VEEIOWA HEALTH LC 5820 WESTOWN PARKWAY WEST DES MOINES, IA50266 26-3293530	PRIMARY CARE CLINIC	IA	N/A	RELATED	-158,387	22,046		No		Yes	
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER LC 1200 PLEASANT STREET DES MOINES, IA50309 03-0482623	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	RELATED	1,304,624	2,154,182		No		Yes	
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC 1200 PLEASANT STREET DES MOINES, IA50309 42-1511142	GROUP PURCHASING	IA	N/A	RELATED	5,177,433	680,826		No		Yes	
LAKEVIEW SURGERY CENTER LC 1200 PLEASANT STREET DES MOINES, IA50309 42-1516120	SURGERY CENTER	IA	N/A	RELATED	2,974,957	945,639		No		Yes	
METRO MRI CENTER LIMITED PARTNERSHIP 615 VALLEY VIEW DRIVE SUITE 102 MOLINE, IL61265 36-3710164	PROVIDE MRI AND OTHER MEDICAL SERVICES	IL	N/A	RELATED	7,351	15,334		No		Yes	
MR ASSOCIATES LLP 1455 SHERMAN ROAD HIAWATHA, IA52233 42-1260463	OWN AND OPERATE MR UNIT	IA	N/A	RELATED	2,865,276	818,594		No		Yes	
NORTHEAST IOWA PHYSICAL THERAPY AND SPORTS MEDICINE LLC 1825 LOGAN AVENUE WATERLOO, IA50703 20-2124978	ATHLETIC TRAINING AND SPORTS MEDICINE	IA	N/A	RELATED	-182,766	44,619		No		Yes	
ORTHOPAEDIC OUTPATIENT SURGERY CENTER LC 1200 PLEASANT STREET DES MOINES, IA50309 42-1508092	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	2,220,864	717,931		No		Yes	
PIERCE STREET SAME DAY SURGERY LC 2730 PIERCE STREET SIOUX CITY, IA51104 20-5895205	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	1,458,116	2,943,571		No		Yes	
QUAD CITY AMBULATORY SURGERY CENTER LLC 520 VALLEY VIEW DRIVE SUITE 300 MOLINE, IL61265 36-4471903	AMBULATORY SURGERY CENTER	IL	N/A	RELATED	455,818	3,329,732		No		Yes	
TEAM DES MOINES PARTNERS LLC 1205 TECHNOLOGY PARKWAY CEDAR FALLS, IA50613 26-2753371	COMPUTER SUPPORT	IA	N/A	UNRELATED	-157,785	689,530		No	-157,785	Yes	
THE CARDIAC INSTITUTE OF IOWA LLC 1200 PLEASANT STREET DES MOINES, IA50309 20-8538793	CARDIAC DIAGNOSTIC AND INTERVENTION	IA	N/A	RELATED	1,365,342			No		Yes	
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS LLC 1075 FIRST AVENUE SE CEDAR RAPIDS, IA52403 72-1550812	AMBULATORY SURGERY CENTER	IA	N/A	RELATED	3,660,057	2,859,969		No		Yes	
THE VASCULAR INSTITUTE OF IOWA LLC 1200 PLEASANT STREET DES MOINES, IA50309 20-8394360	VASCULAR DIAGNOSIS AND INTERVENTION	IA	N/A	RELATED	450,930			No		Yes	
TRI-WEBSTER LC 1610 COLLINS ST WEBSTER CITY, IA50595 01-0740062	MEDICAL BUILDING AND SURROUNDING PROPERTY	IA	N/A	RELATED	207,567	1,846,994		No		Yes	
WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY LLC 1660 60TH STREET WEST DES MOINES, IA50266 27-1414600	ORTHOPEDIC SERVICE LINES MANAGEMENT	IA	N/A	RELATED	28,192	32,192		No		Yes	
WEST LAKES MEDICAL EQUIPMENT LLC 5950 UNIVERSITY AVENUE SUITE 321 WEST DES MOINES, IA50266 26-3300536	MEDICAL EQUIPMENT SALES AND RENTAL	IA	N/A	UNRELATED	-22,870	567,031		No	-22,870	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ALLEN COLLEGE		0
(2)	ALLEN HEALTH SYSTEMS INC		0
(3)	ALLEN MEMORIAL HOSPITAL CORPORATION	A	6,575,975
(4)	ALLEN MEMORIAL HOSPITAL CORPORATION	C	67,340,000
(5)	ALLEN MEMORIAL HOSPITAL CORPORATION	K	10,046,609
(6)	ANAMOSA AREA AMBULANCE SERVICE		0
(7)	CENTRAL IOWA HEALTH PROPERTIES CORPORATION	A	302,403
(8)	CENTRAL IOWA HEALTH PROPERTIES CORPORATION	C	1,480,000
(9)	CENTRAL IOWA HEALTH PROPERTIES CORPORATION	J	101,615
(10)	CENTRAL IOWA HEALTH SYSTEM		0
(11)	CENTRAL IOWA HOSPITAL CORPORATION	A	14,179,624
(12)	CENTRAL IOWA HOSPITAL CORPORATION	C	153,230,000
(13)	CENTRAL IOWA HOSPITAL CORPORATION	J	243,085
(14)	CENTRAL IOWA HOSPITAL CORPORATION	K	35,688,195
(15)	DUBUQUE ENDOSCOPY CENTER LC		0
(16)	FINLEY HEALTH FOUNDATION INC		0
(17)	FINLEY TRI-STATES HEALTH GROUP INC		0
(18)	HNC SERVICES INC		0
(19)	INTRUST	A	594,923
(20)	INTRUST	C	1,015,000
(21)	INTRUST	K	1,827,367
(22)	IOWA HEALTH FOUNDATION		0
(23)	IOWA HEALTH SYSTEM CONTRACTING SERVICES LC		0
(24)	IOWA LUTHERAN HOSPITAL AUXILIARY		0
(25)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	A	147,160
(26)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	B	12,830,112
(27)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	K	7,752,372
(28)	JONES REGIONAL MEDICAL CENTER FOUNDATION		0
(29)	MEDIMORE INC		0
(30)	MEMORIAL FOUNDATION OF ALLEN HOSPITAL		0
(31)	NELLIE R SHERWOOD TRUST		0
(32)	NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED		0
(33)	NORTHWEST IOWA HOSPITAL CORPORATION	A	5,350,537
(34)	NORTHWEST IOWA HOSPITAL CORPORATION	C	41,400,000
(35)	NORTHWEST IOWA HOSPITAL CORPORATION	K	8,479,122
(36)	NORTHWOODS LIVING INC		0
(37)	PRECEDENCE INC		0
(38)	ST LUKE'S DEVELOPMENT COMPANY		0
(39)	ST LUKE'S HEALTH CARE FOUNDATION		0
(40)	ST LUKE'S HEALTH FOUNDATION OF SIOUX CITY IOWA		0
(41)	ST LUKE'S HEALTH RESOURCES		0
(42)	ST LUKE'S HEALTH SYSTEM INC		0
(43)	ST LUKE'S HEALTHCARE		0
(44)	ST LUKE'S METHODIST HOSPITAL	A	7,848,505
(45)	ST LUKE'S METHODIST HOSPITAL	C	80,574,000
(46)	ST LUKE'S METHODIST HOSPITAL	K	16,561,717
(47)	ST LUKE'SJONES REGIONAL MEDICAL CENTER		0
(48)	STL CARE COMPANY		0
(49)	STL HEALTH RESOURCES CO		0
(50)	THE DUBUQUE VISITING NURSE ASSOCIATION		0
(51)	THE FINLEY HOSPITAL	A	2,633,265
(52)	THE FINLEY HOSPITAL	C	10,870,000
(53)	THE FINLEY HOSPITAL	K	5,036,250
(54)	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH		0
(55)	TRIMARK PHYSICIANS GROUP INC		0
(56)	TRINITY BUILDING CORPORATION		0
(57)	TRINITY HEALTH ENTERPRISES INC		0
(58)	TRINITY HEALTH FOUNDATION (FD)		0
(59)	TRINITY HEALTH FOUNDATION (QC)		0
(60)	TRINITY HEALTH SYSTEMS INC		0
(61)	TRINITY MEDICAL CENTER	A	9,723,372
(62)	TRINITY MEDICAL CENTER	C	125,100,000
(63)	TRINITY MEDICAL CENTER	K	18,421,781
(64)	TRINITY REGIONAL HEALTH SYSTEM		0
(65)	TRINITY REGIONAL HOSPITAL AUXILIARY		0
(66)	TRINITY REGIONAL MEDICAL CENTER	A	3,362,644
(67)	TRINITY REGIONAL MEDICAL CENTER	C	18,300,000
(68)	TRINITY REGIONAL MEDICAL CENTER	K	8,954,102
(69)	TRINITY VISITING NURSE & HOMECARE ASSOCIATION		0
(70)	UNITY HEALTHCARE		0
(71)	UNITY HEALTHCARE FOUNDATION		0

TY 2009 Affiliated Group Schedule

Name: IOWA HEALTH SYSTEM
EIN: 42-1435199

Affiliated Group Business Name:	IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-1435199
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	825,868
Total Lobbying Expenditures:	825,868
Other Exempt Purpose Expenditures:	153,507,129
Total Exempt Purpose Expenditures:	154,332,997
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	INTRUST
Address. Either US or Foreign Type:	11333 AURORA AVENUE URBANDALE, IA 50322
EIN:	42-1477471
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	41,219,342
Total Exempt Purpose Expenditures:	41,219,342
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	HNC SERVICES
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	27-0987243
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	71,933
Total Exempt Purpose Expenditures:	71,933
Lobbying Nontaxable Amount:	14,387
Grassroots Nontaxable Amount:	3,597
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	CENTRAL IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-1189791
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,362,229
Total Exempt Purpose Expenditures:	2,362,229
Lobbying Nontaxable Amount:	268,111
Grassroots Nontaxable Amount:	67,028
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	CENTRAL IOWA HOSPITAL CORPORATION
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-0680452
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	24,000
Total Lobbying Expenditures:	24,000
Other Exempt Purpose Expenditures:	546,832,032
Total Exempt Purpose Expenditures:	546,856,032
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	IOWA HEALTH FOUNDATION
Address. Either US or Foreign Type:	1440 INGERSOLL AVENUE DES MOINES, IA 50309
EIN:	42-1467682
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,653,854
Total Exempt Purpose Expenditures:	3,653,854
Lobbying Nontaxable Amount:	332,693
Grassroots Nontaxable Amount:	83,173
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST LUKE'S METHODIST HOSPITAL
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-0504780
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	5,000
Total Lobbying Expenditures:	5,000
Other Exempt Purpose Expenditures:	240,228,889
Total Exempt Purpose Expenditures:	240,233,889
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST LUKE'S HEALTHCARE
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-1487968
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,978,618
Total Exempt Purpose Expenditures:	4,978,618
Lobbying Nontaxable Amount:	398,931
Grassroots Nontaxable Amount:	99,733
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	STL CARE COMPANY
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-1276632
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	13,130,018
Total Exempt Purpose Expenditures:	13,130,018
Lobbying Nontaxable Amount:	806,501
Grassroots Nontaxable Amount:	201,625
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST LUKE'SJONES REGIONAL MEDICAL CENTER
Address. Either US or Foreign Type:	104 BROADWAY PLACE ANAMOSA, IA 52205
EIN:	42-1487967
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	9,770,777
Total Exempt Purpose Expenditures:	9,770,777
Lobbying Nontaxable Amount:	638,539
Grassroots Nontaxable Amount:	159,635
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	NELLIE SHERWOOD TRUST
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-6061621
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	59,682
Total Exempt Purpose Expenditures:	59,682
Lobbying Nontaxable Amount:	11,936
Grassroots Nontaxable Amount:	2,984
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ALLEN HEALTH SYSTEMS INC
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1201924
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	782,204
Total Exempt Purpose Expenditures:	782,204
Lobbying Nontaxable Amount:	142,331
Grassroots Nontaxable Amount:	35,583
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ALLEN MEMORIAL HOSPITAL CORPORATION
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-0698265
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	155,200,185
Total Exempt Purpose Expenditures:	155,200,185
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	MEMORIAL FOUNDATION OF ALLEN HOSPITAL
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1201138
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,339,190
Total Exempt Purpose Expenditures:	1,339,190
Lobbying Nontaxable Amount:	208,919
Grassroots Nontaxable Amount:	52,230
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ALLEN COLLEGE
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1351526
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,734,715
Total Exempt Purpose Expenditures:	4,734,715
Lobbying Nontaxable Amount:	386,736
Grassroots Nontaxable Amount:	96,684
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	NORTHWEST IOWA HOSPITAL CORPORATION
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1019872
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	93,262,928
Total Exempt Purpose Expenditures:	93,262,928
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST LUKE'S HEALTH SYSTEM INC
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1294091
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,099,344
Total Exempt Purpose Expenditures:	2,099,344
Lobbying Nontaxable Amount:	254,967
Grassroots Nontaxable Amount:	63,742
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST LUKE'S HEALTH RESOURCES
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1059182
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	18,099,689
Total Exempt Purpose Expenditures:	18,099,689
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	FINLEY TRI-STATES HEALTH GROUP INC
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-1307495
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	354,395
Total Exempt Purpose Expenditures:	354,395
Lobbying Nontaxable Amount:	70,879
Grassroots Nontaxable Amount:	17,720
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	THE FINLEY HOSPITAL
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-0680354
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	67,309,884
Total Exempt Purpose Expenditures:	67,309,884
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	THE DUBUQUE VISITING NURSE ASSOCIATION
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-0680410
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,552,699
Total Exempt Purpose Expenditures:	2,552,699
Lobbying Nontaxable Amount:	277,635
Grassroots Nontaxable Amount:	69,409
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	TRINITY HEALTH SYSTEMS INC
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-1222877
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,577,092
Total Exempt Purpose Expenditures:	3,577,092
Lobbying Nontaxable Amount:	328,855
Grassroots Nontaxable Amount:	82,214
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	TRINITY REGIONAL MEDICAL CENTER
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-1009175
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	82,391,839
Total Exempt Purpose Expenditures:	82,391,839
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000