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## CHANGE OF ACCOUNTING PERIOD

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending DEC 31, 2011

B Check if applicable	C Name of organization <b>SIOUXLAND PACE, INC.</b>		D Employer identification number <b>26-1120134</b>
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input checked="" type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
Number and street (or P.O. box if mail is not delivered to street address) <b>309 COOK STREET</b>		Room/suite	
City or town, state or country, and ZIP + 4 <b>SIOUX CITY, IA 51103</b>			
F Name and address of principal officer <b>PETER THOREEN</b> <b>SAME AS C ABOVE</b>			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

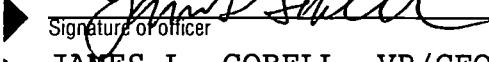
J Website: ► **WWW.SIOUXLANDPACE.ORG**K Form of organization:  Corporation  Trust  Association  Other ► L Year of formation: **2008** M State of legal domicile: **IA**

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO IMPROVE THE HEALTH OF THE PEOPLE OF SIOUXLAND.</b>		
	2 Check this box ► <input type="checkbox"/> 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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,960.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,437,283.	3,720,121.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,413.	9,438.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,492,861.	3,729,559.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,625,608.	897,399.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	5,185,080.	3,447,727.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,810,688.	4,345,126.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-317,827.	-615,567.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,756,778.	374,965.
	21 Total liabilities (Part X, line 26)	1,766,216.	999,970.
	22 Net assets or fund balances. Subtract line 21 from line 20	-9,438.	-625,005.

## 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	Signature of officer 		Date <b>11-12-12</b>
	JAMES L. GOBELL, VP/CFO		
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Check if self-employed	
	Firm's address	PTIN	
	Firm's EIN		Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

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914

19

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission**THE MISSION OF SIOUXLAND PACE OF SIOUX CITY, IOWA IS TO IMPROVE THE HEALTH OF THE PEOPLE OF SIOUXLAND.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,188,583. including grants of \$ 0. ) (Revenue \$ 3,729,559. )  
**HEALTH-CARE SERVICES**

SIOUXLAND PACE PROVIDES QUALITY CARE TO INDIVIDUALS IN THE SIOUXLAND COMMUNITY WHO COULD LIVE IN A NURSING HOME, HOWEVER BECAUSE OF SERVICES OFFERED THROUGH SIOUXLAND PACE, THESE FRAIL AND ELDERLY INDIVIDUALS ARE ABLE TO LIVE INDEPENDENTLY AT HOME. SIOUXLAND PACE OFFERS SERVICES INCLUDING, BUT NOT LIMITED TO, PRIMARY AND SPECIALTY MEDICAL CARE, DAY HEALTH SERVICES, REHABILITATION AND RESTORATIVE THERAPIES, IN-HOME SUPPORT AND CARE, SOCIAL WORK SERVICES, RESPITE CARE, HOSPITALIZATION AND EMERGENCY CARE, DIETARY SERVICES AND ALL OTHER SERVICES PROVIDED BY MEDICARE AND MEDICAID. 119 PARTICIPANTS WERE SERVED IN 2011.

**4b** (Code                   ) (Expenses \$ 625,000. including grants of \$ 0. ) (Revenue \$ 0. )  
**COMMUNITY BENEFIT, INCLUDING CHARITY CARE**

SIOUXLAND PACE SERVES LOW INCOME, MEDICAID AND MEDICARE ELIGIBLE INDIVIDUALS. SIOUXLAND PACE IS MOST SUCCESSFUL WHEN THE PROGRAM MANAGES OVERALL CARE, IMPROVING PARTICIPANTS' HEALTH AND ACCESS TO COMMUNITY HEALTH CARE SERVICES. THE PROGRAM COLLABORATES WITH OTHER HOSPITALS IN THE SIOUXLAND AREA TO EXPAND THE COMMUNITY'S ACCESS TO THIS PROGRAM.

SIOUXLAND PACE DOES RECEIVE PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN ITS CHARGES FOR SERVICES. SIOUXLAND PARTICIPATES IN MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. DURING THE LAST SIX MONTHS OF 2011 DURING WHICH SIOUXLAND PACE WAS UNDER ST. LUKE'S

**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 ► 3,813,583.

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## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete *Schedule B, Schedule of Contributors*?

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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
- b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
- c 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*
- d 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*
- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

- b Was the organization included in consolidated, independent audited financial statements for the tax year?  
*If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*

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*

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*

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*

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a	X	
25b		X
26		X
27		X
28		
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34	X	
35a		X
35b		X
36		X
37		X
38	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10
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	X
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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	12a	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a	X
c Enter the amount of reserves on hand	14b	
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Conveniences, Management, and Dissolution. For each "Yes" response to lines 2 through 7a below, and to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Q. See instructions.

Check if Schedule C (Form 1040) is attached to this return. If "Yes," attach Schedule C (Form 1040) to this return. If "No," attach Schedule C (Form 1040) to the return to which it applies.

Check if Schedule O contains a response to any question in this Part VI

X

## **Section A. Governing Body and Management**

		Yes	No
1a	5		
1b	2		
2	2	X	
3	3	X	
4	4	X	
5	5	X	
6	6	X	
7a	7a	X	
7b	7b	X	
8a	8a	X	
8b	8b	X	
9	9	X	

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?	15a	X
a The organization's CEO, Executive Director, or top management official	15b	X
b Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, 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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply  
     Own website     Another's website     Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JAMES L. GOBELL, VP/CFO - 712-279-3201**  
**2720 STONE PARK BLVD. SIOUX CITY, IA 51104**

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or employee.

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

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

0

- 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*
- 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*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such *person*

## Section B. Independent Contractors

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

The organization report compensation for the calendar year ending with or within the organization's tax year.			
	(A) Name and business address	(B) Description of services	(C) Compensation
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ►	0	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

8

## 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f		►					
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621610	3,720,121.	3,720,121.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		► 3,720,121.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
d Net gain or (loss)							
8 a 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		►					
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities		►					
10 a 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						
11 a GAIN ON TRANSFER OF AS	900099	9,438.	9,438.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		► 9,438.					
12 Total revenue. See instructions.		► 3,729,559.	3,729,559.	0.	0.		

**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,618.		84,618.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	670,185.	567,501.	102,684.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	16,966.	14,367.	2,599.	
9 Other employee benefits	77,964.	66,019.	11,945.	
10 Payroll taxes	47,666.	40,363.	7,303.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45.		45.	
g Other	2,520,612.	2,361,766.	158,846.	
12 Advertising and promotion				
13 Office expenses	707,114.	678,936.	28,178.	
14 Information technology	150.	150.		
15 Royalties				
16 Occupancy	96,704.	4,724.	91,980.	
17 Travel	46,999.	43,172.	3,827.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,986.	1,096.	890.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,519.	35,479.	1,040.	
23 Insurance	37,588.		37,588.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSE	10.	10.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,345,126.	3,813,583.	531,543.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	29,805.	1	32,558.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	395,608.	4	212,386.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	12,574.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,669.	9	27,500.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	126,466.		
	b Less accumulated depreciation	36,519.	10c	89,947.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,593.	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,756,778.	16	374,965.
Liabilities	17 Accounts payable and accrued expenses	1,766,216.	17	660,413.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	12,401.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	327,156.
	26 Total liabilities. Add lines 17 through 25	1,766,216.	26	999,970.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-9,438.	27	-625,005.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	-9,438.	33	-625,005.
	34 Total liabilities and net assets/fund balances	1,756,778.	34	374,965.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,729,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,345,126.
3	Revenue less expenses Subtract line 2 from line 1	3	-615,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9,438.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-625,005.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  
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 separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate 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?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

**Name of the organization**

**Employer identification number**

## SIOUXLAND PAGE, INC.

26-1120134

**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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .												
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E )												
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .												
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state _____												
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II )												
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .												
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )												
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )												
9	<input type="checkbox"/>	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 <b>section 509(a)(2)</b> . (Complete Part III )												
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4)</b> .												
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h												
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other												
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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 <input type="checkbox"/>												
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?													
g	(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 supported organization?													
g	(ii) A family member of a person described in (i) above?													
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above?													
h	Provide the following information about the supported organization(s)													
<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>11g(i)</td> <td></td> <td></td> </tr> <tr> <td>11g(ii)</td> <td></td> <td></td> </tr> <tr> <td>11g(iii)</td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	11g(i)			11g(ii)			11g(iii)		
	Yes	No												
11g(i)														
11g(ii)														
11g(iii)														

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ**

Schedule A (Form 990 or 990-EZ) 2011

132021  
01-24-12

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2010.</b> 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	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 ►

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**SIOUXLAND PACE, INC.**Employer identification number  
**26-1120134****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?	<input type="checkbox"/>	Yes
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes

**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 education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %  
 b Permanent endowment ► %  
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,280.	1,040.	6,240.
d Equipment		119,186.	35,479.	83,707.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 89,947.

Schedule D (Form 990) 2011

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	327,156.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	327,156.

FIN 48 (ASC 740) 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 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,729,559.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	4,345,126.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-615,567.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 through 8	9	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-615,567.

**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	3,720,000.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	3,720,000.
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	9,559.
c Add lines 4a and 4b	4c	9,559.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,729,559.

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

1 Total expenses and losses per audited financial statements	1	4,345,000.
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	4,345,000.
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	126.
c Add lines 4a and 4b	4c	126.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,345,126.

**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, line 2, 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

**PART X, LINE 2: IOWA HEALTH SYSTEM AND MOST OF ITS SUBSIDIARIES ARE**

**CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3)**

**AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT**

**ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED**

**INCOME, PURSUANT TO SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE**

**SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT THEY HAVE**

**UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF**

**THE CODE.**

**Part XIV** Supplemental Information (continued)

THE HEALTH SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2008. THE HEALTH SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME DURING THE CARRYFORWARD PERIOD. NO INCOME TAX BENEFIT HAS BEEN RECOGNIZED FOR THE NET OPERATING LOSS CARRYFORWARDS OR OTHER POTENTIAL DEFERRED TAX ASSETS IN THE CONSOLIDATED FINANCIAL STATEMENTS BECAUSE THE HEALTH SYSTEM BELIEVES REALIZATION OF THESE BENEFITS IS UNLIKELY.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

GAIN ON TRANSFER OF ASSETS	9,438.
ROUNDING	121.
<b>TOTAL TO SCHEDULE D, PART XII, LINE 4B</b>	<b>9,559.</b>

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

ROUNDING	126.
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**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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**SIOUXLAND PACE, INC.**

Employer identification number

**26-1120134**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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?  
**b** Any related organization?

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?  
**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2011

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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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD HILDEBRAND , 1 M.D.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 255,530.	(ii) 65,916.	(ii) 28,311.	71,048.	24,600.	445,405.	0.
	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
2 PETER THOREEN	(i) 313,786.	(ii) 88,917.	(ii) 59,156.	31,043.	14,977.	507,879.	0.
	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
3 MARK JOHNSON	(i) 217,890.	(ii) 121,531.	(ii) 10,606.	28,849.	23,934.	402,810.	0.
	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
4	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
5	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
6	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
7	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
8	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
9	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
10	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
11	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
12	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
13	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
14	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
15	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.
16	(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	0.

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

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Page 3

**PART I, LINE 4B: THE FOLLOWING INDIVIDUALS PARTICIPATED IN A**

**NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS:**

RICHARD HILDEBRAND \$58,798, MARK JOHNSON \$15,217, AND PETER THOREEN

\$18,690.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number  
26-1120134

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH SYSTEM OWNERSHIP, THE PROGRAM LOST APPROXIMATELY \$625,000.

FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE JULY 1, 2011, THE  
ARTICLES OF INCORPORATION OF SIOUXLAND PACE, INC. WERE AMENDED TO MAKE ST.  
LUKE'S HEALTH SYSTEM, A TAX-EXEMPT IOWA NONPROFIT CORPORATION, THE SOLE  
MEMBER. HEALTH, INC., AN IOWA NONPROFIT CORPORATION, WAS THE SOLE MEMBER  
OF SIOUXLAND PACE, INC. PRIOR TO THE CHANGE IN TO THE ARTICLES OF  
INCORPORATION.

FORM 990, PART VI, SECTION A, LINE 6: ST. LUKE'S HEALTH SYSTEM, A  
TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: ST. LUKE'S HEALTH SYSTEM, AS SOLE  
MEMBER, APPROVES APPOINTMENT OF BOARD OF DIRECTORS AND DISMISSAL OF BOARD  
OF DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 7B: ST. LUKE'S HEALTH SYSTEM, AS SOLE  
MEMBER, APPROVES APPOINTMENT OF BOARD OF DIRECTORS, DISMISS BOARD OF  
DIRECTOR, APPROVES AMENDMENTS TO ARTICLES AND BYLAWS, APPROVES STRATEGIC  
AND BUSINESS PLAN, SELECTION AND REMOVAL OF EXECUTIVE DIRECTOR, APPROVES  
INCURRED INDEBTEDNESS, APPROVES TRANSFER OF ASSETS, BUDGETS, AND  
SIGNIFICANT CORPORATE TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED INTERNALLY  
BY THE IOWA HEALTH SYSTEM TAX DEPARTMENT USING INFORMATION GATHERED FROM

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Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number  
26-1120134

VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW. A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number  
26-1120134

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

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Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number  
26-1120134

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

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number  
26-1120134EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST  
POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE IOWA  
 HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE  
 ANNUAL REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE  
 ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF  
 EXECUTIVE OFFICER (THE "CEO"). THIS ANNUAL REVIEW COMPARES THE TOTAL  
 COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH EXECUTIVE, ON A  
 POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR  
 POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY  
 THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION  
 CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN  
 DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS  
 MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE  
 "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX  
 INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT  
 TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A  
 REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES  
 INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE.

BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE  
 BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL  
 ADJUSTMENT IN COMPENSATION AND BENEFITS FOR APPROXIMATELY THE TOP FIFTY  
 EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF  
 THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE  
 ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER

Name of the organization

SIOUXLAND PACE, INC.

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26-1120134

EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958.

THE ANNUAL REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2011 FOR THE FOLLOWING INDIVIDUALS: RICHARD HILDEBRAND, M.D., MARK JOHNSON AND PETER THOREEN.

THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, HAS VOLUNTARILY ADOPTED MANY OF OUR INDUSTRY'S GOVERNANCE "BEST PRACTICES." IOWA HEALTH SYSTEM HAS 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

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Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

SIOUXLAND PACE, INC.

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26-1120134

GOVERNANCE BEST PRACTICES AND THE INTENT AND APPLICABLE REQUIREMENTS OF THE SARBAÑES-OXLEY ACT OF 2003. IN ADDITION, GOVERNANCE POLICIES AND RELATED INFORMATION HAS BEEN ADDED TO THE IOWA HEALTH SYSTEM WEBSITE, WWW.IHS.ORG, INCLUDING BUT NOT LIMITED TO: OVER 130 CORPORATE COMPLIANCE POLICIES, INCLUDING CHARITY CARE AND CONFLICTS OF INTEREST POLICIES; GOVERNANCE BEST PRACTICE POLICIES; THE IDENTIFICATION OF BOARD MEMBERS AND BOARD COMMITTEES; COMPENSATION FOR HOSPITAL CEO'S; AND FINANCIAL INFORMATION FOR THE PAST SEVEN YEARS.

FORM 990, PART VII, SECTION A, LINE 1A

AMENDED RETURN:

RICHARD HILDEBRAND, M.D. - CHANGED COMPENSATION IN COLUMN (F) TO \$95,648 TO INCLUDE DEFERRED COMPENSATION NOT PREVIOUSLY INCLUDED IN THIS AMOUNT.

MARK JOHNSON - CHANGED COMPENSATION IN COLUMN (F) TO \$52,783 TO INCLUDE DEFERRED COMPENSATION NOT PREVIOUSLY INCLUDED IN THIS AMOUNT.

SCHEDULE J, PART II

AMENDED RETURN:

RICHARD HILDEBRAND, M.D. - CHANGED COMPENSATION IN COLUMN (C) TO \$71,048 TO INCLUDE DEFERRED COMPENSATION NOT PREVIOUSLY INCLUDED IN THIS AMOUNT.

MARK JOHNSON - CHANGED COMPENSATION IN COLUMN (C) TO \$28,849 TO INCLUDE DEFERRED COMPENSATION NOT PREVIOUSLY INCLUDED IN THIS AMOUNT.

SCHEDULE J, PART III

AMENDED RETURN:

132212  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

SIOUXLAND PACE, INC.

Employer identification number

26-1120134

RICHARD HILDEBRAND, M.D. - ADDED THE NON-QUALIFIED RETIREMENT PLAN

CHANGE TO THEIR ACCOUNT OF \$58,798, NOT PREVIOUSLY INCLUDED IN THIS  
AMOUNT.

MARK JOHNSON - ADDED THE NON-QUALIFIED RETIREMENT PLAN CHANGE TO THEIR  
ACCOUNT OF \$15,217, NOT PREVIOUSLY INCLUDED IN THIS AMOUNT.

SCHEDULE R, PART VII

AMENDED RETURN:

ADDED NARRATIVE TO EXPLAIN SCHEDULE R, PART II, COLUMN (G) RELATED TO  
SECTION 512(B)(13) CONTROLLED ENTITIES.

## 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.

Name of the organization

Employer identification number  
26-1120134

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

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?
Yes	No					
ALLEN COLLEGE - 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IOWA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS, INC.	X
8225 LOGAN AVENUE WATERLOO, IA 50703	SUPPORT AFFILIATES MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	X
ALLEN HEALTH SYSTEMS, INC. - 42-1201924	8225 LOGAN AVENUE WATERLOO, IA 50703	IOWA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.	X
ALLEN MEMORIAL HOSPITAL CORPORATION - 42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA 50703	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S/JONES REGIONAL MEDICAL CENTER	X
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284	0.01 GRANT WOOD DRIVE ANAMOSA, IA 52205	IOWA	501(C)(3)	509(A)(2)		
PROVIDE AMBULANCE SERVICES						

For Paperwork Reduction Act Notice see the Instructions for Form 890

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?
Yes	No					
CENTRAL IOWA HEALTH PROPERTIES CORPORATION - 42-1233759, 1200 PLEASANT STREET, DES MOINES, IA 50309	PROPERTY HOLDING COMPANY SUPPORT AFFILIATES'	IOWA	501(C) (2)		CENTRAL IOWA HEALTH SYSTEM	X
CENTRAL IOWA HOSPITAL SYSTEM - 42-1189791 1200 PLEASANT STREET DES MOINES, IA 50309	MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
CENTRAL IOWA HOSPITAL CORPORATION - 42-0680452, 1200 PLEASANT STREET, DES MOINES, IA 50309	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A) (III)	CENTRAL IOWA HEALTH SYSTEM	X
FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
HNC SERVICES - 27-0987243 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (2)	IOWA HEALTH SYSTEM	X
INTEGRATED CARE ORGANIZATION - 27-465007 1200 PLEASANT STREET DES MOINES, IA 50309	PROMOTE, SUPPORT THE INTERESTS AND PURPOSES OF AFFILIATES' HOSPITALS	IOWA	501(C) (3)	509(A) (2)	IOWA HEALTH SYSTEM	X
INTRUST - 42-1477471 11133 AURORA AVENUE URBANDALE, IA 50322	HOME HEALTH CARE	IOWA	501(C) (3)	509(A) (2)	IOWA HEALTH SYSTEM	X
IOWA HEALTH FOUNDATION - 42-1467682 2700 GRAND AVE., SUITE 109 DES MOINES, IA 50312	CHARITABLE FUNDRAISING	IOWA	501(C) (3)	509(A) (3), TYPE III	CENTRAL IOWA HEALTH SYSTEM	X
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 8101 BIRCHWOOD COURT, JOHNSTON, IA 50131	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE III	IOWA HEALTH SYSTEM	X
MEMORIAL FOUNDATION OF ALLEN HOSPITAL - 42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA 50703	PRIMARY HEALTH CARE SERVICES	IOWA	501(C) (3)	170(B) (1) (A) (VI)	ALLEN HEALTH SYSTEMS, INC.	X
METHODIST HEALTH SERVICES CORPORATION - 37-1111135, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	CHARITABLE FUNDRAISING HEALTHCARE	ILLINOIS	501(C) (3)	509(A) (3), TYPE III	IOWA HEALTH SYSTEM	X

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) - controlled organization?
Yes	No					
METHODIST MEDICAL CENTER FOUNDATION - 51-0186460, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FUNDRAISING	ILLINOIS	501(C) (3)	170(B)(1) (A)(VI)	METHODIST HEALTH SERVICES CORPORATION	X
METHODIST MEDICAL CENTER OF ILLINOIS - 37-0661223, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	HEALTHCARE	ILLINOIS	501(C) (3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION	X
METHODIST SERVICES, INC. - 37-1111134 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	OFFICE RENTAL	ILLINOIS	501(C) (3)	509(A)(2)	ST. LUKE'S METHODIST CORPORATION	X
NELLIE R. SHERWOOD TRUST - 42-6061621 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	PAY MEDICAL BILLS OF RETIRIED TEACHERS UNABLE TO PAY	IOWA	501(C) (3)	509(A)(3), TYPE I	ST. LUKE'S METHODIST HOSPITAL	X
NORTH CENTRAL IOWA MENTAL HEALTH CENTER, INCORPORATED - 42-0937390, 720 KENYON DRIVE, FORT DODGE, IA 50501	MENTAL HEALTH CARE	IOWA	501(C) (3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.	X
NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	HOSPITAL	IOWA	501(C) (3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	X
SELF INSURANCE TRUST AGREEMENT EST. BY METHODIST MEDICAL CENTER OF ILLINOIS, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FUND SELF-INSURANCE PLAN	ILLINOIS	501(C) (3)	509(A)(3), TYPE III	METHODIST MEDICAL CENTER OF ILLINOIS	X
SIOUXLAND PACE, INC. - 26-1120134 313 COOK STREET SIOUX CITY, IA 51103	ALL-INCLUSIVE CARE FOR THE ELDERLY	IOWA	501(C) (3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTH SYSTEM, INC.	X
ST. LUKE'S HEALTH RESOURCES - 42-1059182 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IOWA	501(C) (3)	509(A)(2)	ST. LUKE'S HEALTH SYSTEM	X
ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	X
ST. LUKE'S HEALTHCARE - 42-1487968 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTHCARE	X

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) - controlled organization?
Yes	No					
ST. LUKE'S/JONES REGIONAL MEDICAL CENTER - 42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A)(III)	ST. LUKE'S HEALTHCARE	X
STL CARE COMPANY - 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IOWA	501(C) (3)	509(A) (2)	ST. LUKE'S HEALTHCARE	X
THE DUBUQUE VISITING NURSE ASSOCIATION - 42-0680410, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	PUBLIC HEALTH SERVICES/HOME CARE	IOWA	501(C) (3)	509(A) (2)	FINLEY TRI-STATES HEALTH GROUP, INC.	X
THE FINLEY HOSPITAL - 42-0680354	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A)(III)	FINLEY TRI-STATES HEALTH GROUP, INC.	X
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 36-3678909, 2701 17TH STREET, ROCK ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C) (3)	170(B) (1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	X
TPG HEALTH - 45-3791448	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IOWA	501(C) (3)	170(B) (1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.	X
FORT DODGE, IA 50501	PROPERTY HOLDING COMPANY	IOWA	501(C) (2)		TRINITY HEALTH SYSTEMS, INC.	X
TRINITY BUILDING CORPORATION - 42-1376187	CHARITABLE FUNDRAISING	IOWA	501(C) (3)	170(B) (1) (A)(VI)	TRINITY HEALTH SYSTEMS, INC.	X
802 KENYON ROAD	CHARITABLE FUNDRAISING	ILLINOIS	501(C) (3)	170(B) (1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	X
FORT DODGE, IA 50501	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
TRINITY MEDICAL CENTER - 36-2739299	2701 17TH STREET	ILLINOIS	501(C) (3)	170(B) (1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM	X
ROCK ISLAND, IL 61201	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?
Yes	No					
TRINITY REGIONAL HOSPITAL AUXILIARY -	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C) (3)	509(A) (2)	TRINITY REGIONAL MEDICAL CENTER	X
42-6081474, 802 KENYON ROAD, FORT DODGE, IA 50501						
TRINITY REGIONAL MEDICAL CENTER - 42-1009175	802 KENYON ROAD	IOWA	501(C) (3)	170(B) (1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.	X
FORT DODGE, IA 50501	HOSPITAL					
UNITY HEALTHCARE - 42-0680337	1518 MULBERRY AVENUE	IOWA	501(C) (3)	170(B) (1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM	X
MUSCATINE, IA 52761	HOSPITAL					

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
1776 WESTLAKE PARKWAY L.C. - 20-5031651 4949 WESTOWN PARKWAY, SUITE 200, WEST DES MOINES, IA 50266	OWNERSHIP/RENTAL OF 2 COMMERCIAL BUILDINGS	IA N/A	UNRELATED	229,642.	12,309,952.	X	N/A	X		33.33%
ALLEN MEMORIAL HOSPITAL ORTHOPEDIC CO-MANAGEMENT CO., LLC - 45-3237125, 1825 LOGAN AVE, WATERLOO, IA 50703	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IA N/A	RELATED	22,920.	39,683.	X	N/A	X		20.00%
CENTRAL ILLINOIS CANCER CARE CENTER, L.L.C. - 7309 N. KNOXVILLE, PEORIA, IL 61614	26-1128108, RADIATION THERAPY	IL N/A	RELATED	1,031,613.	1,886,570.	X	N/A	X		50.00%
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO., L.L.C. - 27-3625869, 1200 PLEASANT ST, DES MOINES, IA 50309	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA N/A	RELATED	281,022.	87,957.	X	N/A	X		20.00%
<b>Part IV Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership			
BROADBAND, INC. - 1200 PLEASANT ST, DES MOINES, IA 50309	INFORMATION TECHNOLOGY MGMT.	IA IRS	C CORP	338,870.	13,238,641.					100%
CHARITABLE REMAINDER UNITRUST #1	INVESTMENT	IA SLHCF	TRUST							
CHARITABLE REMAINDER UNITRUST #2	INVESTMENT	IA SLHCF	TRUST							
CHARITABLE REMAINDER UNITRUST #3	INVESTMENT	IA SLHCF	TRUST							
CHARITABLE REMAINDER UNITRUST #6	INVESTMENT	IA SLHCF	TRUST							

## Part III Continuation of 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) Disproportion- ate allocations? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(k) Percentage ownership
DES MOINES PARKING ASSOCIATES - 38-2622972, 1200 PLEASANT ST, DES MOINES, IA 50309	PARKING DECK OPERATIONS	IA	CENTRAL IA HEALTH PROP CORP	RELATED	540,801.	3,772,221.	X	N/A	X	100%
DUBUQUE ENDOSCOPY CENTER, L.C. - 20-1597161, 1515 DELHI STREET, SUITE 500, DUBUQUE, IA 52001	AMBULATORY SURGERY CENTER	IA	THE FINLEY HOSPITAL	RELATED	660,133.	210,769.	X	N/A	X	51.00%
ENSEVA - HIRAWATHA, L.L.C. - 45-3437363, 524 PARK ROAD, WATERLOO, IA 50704	COLLOCATION FACILITY	IA	TOWA HEALTH SYSTEM	RELATED	2,624.	2,203,353.	X	N/A	X	52.00%
FINLEY DEPT. OF SURGERY CO-MGMT. CO., LLC - 42-2808785, 350 N GRANDVIEW AVE, DUBUQUE, IA 52001	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA	N/A	RELATED	101,716.	208,966.	X	N/A	X	50.00%
FINLEY/HARTIG HOMECARE, L.L.C. - 42-1487138, 703 MAIN MEDICAL ST, DUBUQUE, IA 52001	SALE/RENTAL OF MEDICAL EQUIPMENT	IA	N/A	RELATED	132,479.	842,404.	X	N/A	X	50.00%
HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW AVE, DUBUQUE, IA 52001	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	RELATED	0.	14,037.	X	N/A	X	50.00%
HEALTH ENTERPRISES VENTURES, L.C. - 39-1894290, 4250 GLASS ROAD NE, CEDAR RAPIDS, IA 52402	INVESTMENT VEHICLE OWNING CLINICAL JVS	IA	N/A	UNRELATED	89,797.	817,011.	X	57,299.	X	55.67%
HY-VEE/IAWA HEALTH, L.C. - 26-3293530, 5820 WESTOWN PARKWAY, WEST DES MOINES, IA 50266	PRIMARY CARE CLINIC	IA	N/A	RELATED	-175,705.	44,300.	X	N/A	X	50.00%
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER, L.C. - 03-0482623, 1200 PLEASANT STREET, DES MOINES, IA 50319	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	RELATED	1,323,429.	2,917,182.	X	N/A	X	50.00%

## Part III | Continuation of 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) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage of ownership
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142 1200 PLEASANT STREET, DES MOINES, IA 50309 PURCHASING		IA N/A	RELATED	4,775,894.	15,888,961.		X	N/A	X	100%
LAKEVIEW SURGERY CENTER, L.C. - 42-1516120, 1200 PLEASANT										
STREET, DES MOINES, IA 50309 SURGERY CENTER	IA N/A	RELATED	3,443,692.	4,825,696.		X	N/A	X	X	50.00%
MEDICAL LABORATORIES OF EASTERN IOWA, L.C. - 42-1359640, 1026 A AVE NE, CEDAR RAPIDS, IA 52402	MEDICAL LABORATORY SERVICES	IA N/A	RELATED	664,320.	870,817.		X	N/A	X	50.00%
METRO MRI CENTER LIMITED PARTNERSHIP - 36-3710164, 615 VALLEY VIEW DRIVE, SUITE 102, MOLINE, IL 61265	PROVIDE MRI AND OTHER MEDICAL SERVICES	IL N/A	RELATED	600,876.	1,499,952.		X	N/A	X	33.97%
MR ASSOCIATES, LLP - 42-1260463, 1455 SHERMAN ROAD, HIAWATHA, IA 52233	OWN AND OPERATE MR UNIT	IA N/A	RELATED	2,540,143.	1,416,839.		X	N/A	X	33.33%
NE IA PHYSICAL THERAPY AND SPORTS MEDICINE, L.L.C. - 20-2124978 1825 LOGAN AVE, WATERLOO, IA 50703	ATHLETIC TRAINING AND SPORTS MEDICINE	IA N/A	RELATED	-41,070.	0.		X	N/A	X	.00%
ORTHOPAEDIC OUTPATIENT SURGERY CENTER, L.C. - 42-1508092, 1200 PLEASANT STREET, DES MOINES, IA 50309	AMBULATORY SURGERY CENTER	IA N/A	RELATED	3,314,858.	3,461,181.		X	N/A	X	50.00%
PIERCE STREET SAME DAY SURGERY, L.C. - 20-5895205 2730 PIERCE STREET, SIOUX CITY, IA 51104	AMBULATORY SURGERY CENTER	IA N/A	RELATED	931,816.	3,357,708.		X	N/A	X	50.00%
QUAD CITY AMBULATORY SURGERY CENTER, L.L.C. - 36-4471903, 520 VALLEY VIEW DRIVE, SUITE 300, MOLINE, IL 61265	AMBULATORY SURGERY CENTER	IL N/A	RELATED	255,765.	3,500,259.		X	N/A	X	50.00%

### **Part III Continuation of 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) Disproportion- ate allocations?	(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or Percentage of managing partner?	(k) Yes No
REHABILITATION THERAPY SERVICES, L.L.C. - 81-0584193, 416 ST. MARK'S CT., #110, PEBRIA, IL 61603	REHABILITATION THERAPY	ILLINOIS	METHODIST MEDICAL CENTER OF ILLINOIS	RELATED	448,732.	1,397,476.	X	N/A	X	60.03%
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS, L.L.C. - 72-1550812, 1075 FIRST AVENUE SE, CEDAR RAPIDS, IA 52403	AMBULATORY SURGERY CENTER.	IA	N/A	RELATED	3,310,383.	7,115,889.	X	N/A	X	50.00%
TRINITY BETTENDORF ORTHOPEDIC CO-MANAGEMENT COMPANY, LLC - 27-2562753, 4500 UTICA RIDGE RD, BETTENDORF, IA 52722	ORTHOPEDIC SERVICE LINES ADMINISTRATIVE SERVICES	IA	N/A	RELATED	175,377.	118,891.	X	N/A	X	50.00%
TRI-WEBSTER, L.C. - 01-0740062, 1610 COLLINS ST. WEBSTER CITY, IA 50595	BUILDING AND SURROUNDING PROPERTY	IA	N/A	RELATED	110,738.	1,715,230.	X	N/A	X	50.00%
WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY, LLC - 27-1414600, 1660 60TH STREET WEST DES MOINES, IA 50266	ORTHOPEDIC SERVICE LINES MANAGEMENT	IA	N/A	RELATED	244,306.	26,600.	X	N/A	X	20.00%
WEST LAKES MEDICAL EQUIPMENT, LLC - 26-3300536, 5950 UNIVERSITY AVENUE SUITE 321, WEST DES MOINES, IA 50266	MEDICAL EQUIPMENT SALES AND RENTAL	IA	N/A	UNRELATED	59,770.	171,967.	X	59,770.	X	50.00%
WEST LAKES SLEEP CENTER, LLC - 26-3193923, 5950 UNIVERSITY AVENUE SUITE 2, WEST DES MOINES, IA 50266	SLEEP DISORDER DIAGNOSTIC TESTING FACILITY	IA	N/A	RELATED	92,541.	318,508.	X	N/A	X	50.00%

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
IOWA HEALTH SYSTEM 457 DEF CORP PLAN - 42-1435199							
1415 WOODLAND AVE, 2ND FL.							
DES MOINES, IA 50309							
METHODIST HEALTH VENTURES, INC. - 37-1140939	INVESTMENT	IA IHS	TRUST		266,087.	4,546,270.	100%
P.O. BOX 87							
PEORIA, IL 61650							
MEDIMORE, INC. - 42-1414390	PHARMACY/OFFICE STAFFING	IL MHSC	C CORP		868,566.	2,437,393.	100%
1200 PLEASANT ST							
DES MOINES, IA 50309							
METHODIST PHYSICIAN SERVICES, INC. - 36-3858550	MANAGED CARE	IA IHS	C CORP		210,170.	0.	100%
P.O. BOX 87							
PEORIA, IL 61650	MEDICAL SERVICES	IL MHVI	C CORP		11,908,671.	1,305,915.	100%
PRECEDENCE, INC. - 37-1288604							
4622 PROGRESS DRIVE, STE A							
DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA RYC	C CORP		506,534.	435,657.	100%
PROVIDER RESOURCE MANAGEMENT, INC. - 37-1223550							
P.O. BOX 87							
PEORIA, IL 61650	RESOURCE MANAGEMENT	IL MHSC	C CORP		0.	57,427.	100%
RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM, INC. - 26-1271143	SPECIALTY PHYSICIANS MEDICAL CARE	IA CIHC	C CORP		481,860.	198,055.	57.00%
700 E UNIVERSITY AVE, DES MOINES, IA 50316							
STL HEALTH RESOURCES CO. - 42-1193499	PHYSICIAN OFFICE RENTAL	IA SLMH	C CORP		322,129.	5,577,505.	100%
1026 A AVE NE							
CEDAR RAPIDS, IA 52402							
TRIMARK PHYSICIANS GROUP, INC. - 42-1335554	MEDICAL CLINICS	IA THS	C CORP		44,216,247.	0.	100%
802 KENYON ROAD							
PORT DODGE, IA 50501	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL TRHS	C CORP		3,295,832.	2,957,465.	100%
TRINITY HEALTH ENTERPRISES, INC. - 36-3320141							
2701 17TH ST							
ROCK ISLAND, IL 61201							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)**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.

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**Part VI      Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**SCHEDULE R, PART II, COLUMN (G)****SECTION 512(B)(13) CONTROLLED ENTITY**

THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED HEALTH SYSTEM AND HAS A

COMMON PARENT ORGANIZATION, "IOWA HEALTH SYSTEM." FOR ENTITIES THAT

ARE PART OF THE CONSOLIDATED HEALTH SYSTEM (WITH COMMON CONTROL) THE

ATTRIBUTION RULES OF IRC SECTION 318 APPLY; MEANING THAT ALL

ORGANIZATIONS ARE DEEMED TO HAVE CONTROL OF THE ORGANIZATIONS OWNED BY

THE CONTROLLING ORGANIZATION. AS SUCH, WE ARE REPORTING ALL RELATED

ORGANIZATIONS OF THE HEALTH SYSTEM IN PARTS II, III & IV. FOR PART V

REPORTING, THE TRANSACTIONS DISCLOSED ARE THOSE BETWEEN THE DIRECTLY

CONTROLLED PARENT-SUBSIDIARY ONLY.