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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
IOWA HEALTH SYSTEM

Doing business as
UNITYPOINT HEALTH

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1776 WEST LAKES PARKWAY NO 400

City or town, state or province, country, and ZIP or foreign postal code
WEST DES MOINES, IA 50266

D Employer identification number
42-1435199

E Telephone number
(515) 241-6161

G Gross receipts $ 402,875,946

F Name and address of principal officer
WILLIAM B LEAVER
1776 WEST LAKES PARKWAY NO 400
WEST DES MOINES,IA 50266

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITYPOINT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile IA

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,886
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,322,965
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	63,447,090	79,622,803
9	Program service revenue (Part VIII, line 2g)	265,290,120	283,634,322
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,335,120	25,169,358
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,349,896	13,006,183
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,722,434	401,432,666
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,770,091	79,739,656
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)	91,543,376	120,869,119
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	186,464,999	206,782,950
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	341,778,466	407,391,725
19	Revenue less expenses Subtract line 18 from line 12	3,943,968	-5,959,059

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,082,770,586	1,139,719,318
21	Total liabilities (Part X, line 26)	1,105,531,207	1,158,197,527
22	Net assets or fund balances Subtract line 21 from line 20	-22,760,621	-18,478,209

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 — 2016-11-09 Date

MARK A JOHNSON SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 309,992,856 including grants of $ 76,807,201) (Revenue $ 296,640,505)

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

4b (Code) (Expenses $ 2,932,455 including grants of $ 2,932,455) (Revenue $ 0)

COMMUNITY BENEFITIOWA HEALTH SYSTEM PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS, HEALTH PROFESSIONAL'S EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS IOWA HEALTH SYSTEM COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE IOWA HEALTH SYSTEM HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS TOTAL OTHER BENEFITS REPORTED VALUE $2,932,455

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 ▶** 312,925,311

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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*	11a	Yes	
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*	11b		No
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*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,620		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,886		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records ▶ MARK A JOHNSON SVPCFO 1776 WEST LAKES PARKWAY SUITE 400 WEST DES MOINES, IA 50266 (515) 241-3315

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								14,691,002	7,752,091	4,360,489

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 ▶ 197

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
NORDIC CONSULTING PARTNERS INC 740 REGENT ST 400 MADISON, WI 53715	CONSULTING FEES	5,403,433
HURON CONSULTING GROUP INC 550 W VAN BUREN ST CHICAGO, IL 60607	CONSULTING FEES	3,280,434
OPTUM360 LLC 11000 OPTUM CIRC EDEN PRAIRIE, MN 55344	CONSULTING FEES	3,125,886
SAGACIOUS CONSULTANTS LLC 8207 MELROSE DR 160 OVERLAND PARK, KS 66214	CONSULTING FEES	3,019,802
H & R ACCOUNTS INC 7017 JOHN DEERE PKWY MOLINE, IL 61265	MANAGEMENT FEES	3,006,705

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 ▶ 178

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	79,622,803			
	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 . . . . . ▶	79,622,803			
Program Service Revenue		Business Code				
	2a	MGMT & SUPPORT SVCS	561000	282,285,524	278,764,466	3,521,058
	b	SUBS & JOINT VENTURES	900099	1,348,798	1,348,798	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	283,634,322			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	25,071,748			25,071,748
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 397,715 / 1,143,175				
	b	Less cost or other basis and sales expenses: 307,299 / 1,135,981				
	c	Gain or (loss): 90,416 / 7,194				
	d	Net gain or (loss) . . . . . ▶	97,610			97,610
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS REVENUE 900099	9,204,276	9,204,276		
	b	MGMT & SUPPORT SVCS 561000	3,801,907		3,801,907	
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	13,006,183			
	12	**Total revenue.** See Instructions . . . . . ▶	401,432,666	289,317,540	7,322,965	25,169,358

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	79,739,656	79,739,656		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,784,414		17,784,414	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	179,560		179,560	
7 Other salaries and wages	82,521,710	82,521,710		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,803,949	3,803,949		
9 Other employee benefits	10,365,416	10,365,416		
10 Payroll taxes	6,214,070	6,214,070		
11 Fees for services (non-employees)				
a Management				
b Legal	176,578		176,578	
c Accounting	717,124		717,124	
d Lobbying	635,274	635,274		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	119,634	6,547	113,087	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,719,522	66,057,352	24,662,170	
12 Advertising and promotion	3,490,597	5,607	3,484,990	
13 Office expenses	4,071,998	2,297,201	1,774,797	
14 Information technology				
15 Royalties				
16 Occupancy	15,386,493	13,792,400	1,594,093	
17 Travel	3,588,965	1,541,101	2,047,864	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	791,733	437,201	354,532	
20 Interest	31,959,732	31,456,008	503,724	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,281,361	13,937,540	40,343,821	
23 Insurance	57,170	47,593	9,577	
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	775,159	66,680	708,479	
b SALES/USE TAXES	11,610	6	11,604	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	407,391,725	312,925,311	94,466,414	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		59,677,809	1	21,930,327
	2	Savings and temporary cash investments		16,489,661	2	11,017,093
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		736,630,566	7	800,500,066
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,840,866	9	39,002,786
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 489,263,649			
	b	Less accumulated depreciation	10b 281,400,433	183,771,297	10c	207,863,216
	11	Investments—publicly traded securities		28,707,929	11	14,325,474
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		33,417,726	13	37,084,309
	14	Intangible assets		1,336,309	14	1,474,846
	15	Other assets See Part IV, line 11		5,898,423	15	6,521,201
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,082,770,586	16	1,139,719,318
Liabilities	17	Accounts payable and accrued expenses		58,040,807	17	89,454,956
	18	Grants payable			18	
	19	Deferred revenue		9,627,371	19	8,183,276
	20	Tax-exempt bond liabilities		909,359,043	20	889,639,014
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		26,900,857	23	69,004,561
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		101,603,129	25	101,915,720
	26	**Total liabilities.** Add lines 17 through 25		1,105,531,207	26	1,158,197,527
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-22,808,313	27	-18,526,349
	28	Temporarily restricted net assets		47,692	28	48,140
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-22,760,621	33	-18,478,209
	34	Total liabilities and net assets/fund balances		1,082,770,586	34	1,139,719,318

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	401,432,666
2	Total expenses (must equal Part IX, column (A), line 25)	2	407,391,725
3	Revenue less expenses Subtract line 2 from line 1	3	-5,959,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,760,621
5	Net unrealized gains (losses) on investments	5	1,072,843
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,168,628
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-18,478,209

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA ALDRICH MD BOARD MEMBER	1 00 1 00	X						13,500	35	0
BILL ARNOLD FR 615 BOARD MEMBER	1 00 1 00	X						8,000	0	0
DAVE BOYER BOARD MEMBER	1 00 1 00	X						15,921	304	0
TERRI CHRISTOFFERSEN TO 1215 BOARD MEMBER	1 00 1 00	X						13,742	0	0
BRENDA CLANCY BOARD MEMBER	1 00 0 00	X						5,500	0	0
STANTON DANIELSON MD BOARD MEMBER	1 00 40 00	X						0	433,046	63,919
RANDY EASTON BOARD MEMBER	1 00 1 00	X						15,427	878	0
SARAH HASKEN TO 615 BOARD MEMBER	1 00 0 00	X						8,466	0	0
KENT HENNING BOARD MEMBER	1 00 1 00	X						14,622	0	0
STEVE HERWIG DO BOARD MEMBER	1 00 1 00	X						9,750	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE KAMPERSHROER TO 1215 BOARD MEMBER	1 00 1 00	X						14,272	6,250	0
FRANCIS KANE MD BOARD MEMBER	1 00 0 00	X						11,484	0	0
RONALD KLOSTERMAN TO 1215 BOARD MEMBER	1 00 0 00	X						14,374	0	0
RICHARD MCCONNELL PHD BOARD TREASURER	1 00 1 00	X		X				15,755	0	0
PETER MCLAUGHLIN BOARD MEMBER	1 00 1 00	X						15,006	226	0
LINDA NEWBORN BOARD SECRETARY	1 00 0 00	X		X				14,000	0	0
KURT PITTNER BOARD MEMBER	1 00 1 00	X						12,705	2,159	0
CATHERINE RANHEIM MD BOARD MEMBER	1 00 40 00	X						13,972	286,498	13,187
BRUCE SHERMAN TO 1215 BOARD MEMBER	1 00 1 00	X						16,053	0	0
MIKE STONE BOARD VICE CHAIR	1 00 1 00	X		X				9,500	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEVENDRA TRIVEDI MD BOARD MEMBER	1 00 1 00	X						14,012	0	0
MIKE WILLIAMS BOARD CHAIR	1 00 1 00	X		X				26,785	50	0
MARK JOHNSON SVP/CFO	40 00 0 00			X				1,069,029	0	198,116
WILLIAM LEAVER PRESIDENT/CEO	40 00 0 00			X				3,959,344	0	1,024,879
KEVIN VERMEER EVP/CSO & ACO CEO	40 00 1 00			X				1,650,897	0	323,018
DAVID BRANDON PRESIDENT/CEO-DUB	1 00 40 00				X			0	486,066	103,839
TROY CARAWAY SVP INS DIV & CEO PPIC	40 00 0 00				X			570,226	0	106,662
ERIC CROWELL CEO-DSM	1 00 40 00				X			0	893,753	265,402
PAMELA DELAGARDELLE PRESIDENT/CEO-WAT	1 00 40 00				X			0	530,644	105,628
MIKE DEWERFF PRESIDENT/CEO-FD (FR 2/15)	1 00 40 00				X			0	537,169	84,504

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNY DRAKE VP GENERAL COUNSEL/CORP CO	40 00 0 00				X			712,570	0	183,217
KARA DUNHAM VP FINANCE	40 00 0 00				X			424,786	0	69,567
JOY GROSSER VP & CIO (TO 10/15)	40 00 1 00				X			1,005,334	0	14,849
BRIAN JONES VP PAYOR INNOVATION	40 00 0 00				X			451,928	0	33,634
ALAN KAPLAN MD EVPCCTO PRES/CEO IPCMF & UP@HOME	40 00 1 00				X			899,181	0	186,036
ART NIZZA PRESIDENT/CEO-WI (FR 2/15)	1 00 40 00				X			0	512,068	77,811
EMILY PORTER VP PEOPLE EXCELLENCE	40 00 0 00				X			539,042	0	83,837
SABRA ROSENER VP GOVERNMENT RELATIONS	40 00 0 00				X			421,976	0	79,875
RICHARD SEIDLER PRESIDENT/CEO-QC	1 00 40 00				X			0	726,825	182,435
ARIC SHARP VP/ACO	40 00 0 00				X			522,121	0	31,342

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH SIMON PRESIDENT/CEO-PM	1 00 40 00				X			0	727,419	175,621
SUSAN THOMPSON CEO-FD TO 215 SVP INT & OPT (FR 6/15)	40 00 1 00				X			200,181	317,381	163,636
PETER THOREEN PRESCEO-SC TO 615 INTERIM CEO-WI (TO 2/15)	1 00 40 00				X			0	506,110	239,270
THEODORE TOWNSEND PRESIDENT/CEO-CR	1 00 40 00				X			0	684,993	173,593
LYNN WOLD PRESIDENT/CEO-SC (FR 06/15)	1 00 40 00				X			0	381,162	94,364
JOHN FROWNFELTER CHIEF MEDICAL INFO OFFICER	40 00 0 00					X		372,685	0	19,040
MATTHEW KIRSCHNER VP/TREASURY	40 00 0 00					X		450,782	0	30,608
KATHERINE MARCHIK VP/SUPPLY MANAGEMENT	40 00 0 00					X		401,061	0	73,660
WILLIAM O'BRIEN VP FINANCE INS DIV & CFO PPIC/HUHI	40 00 0 00					X		396,249	0	62,846
RENEE RASMUSSEN VP REVENUE CYCLE	40 00 0 00					X		360,764	10,518	96,094

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WOODWARD TO 0614 ..... FORMER PRESIDENT/CEO-WI	0 00 ..... 0 00						X	0	708,537	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☑ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations **1 0**

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total10					113,530,403	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☑ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SECTION E, LINE 3A	IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS THE BOARD SHALL CONSIST OF UP TO TWENTY-FIVE PERSONS, WITH EACH HOSPITAL HAVNG THE POWER TO APPOINT BOARD OF DIRECTOR MEMBERS, INCLUDING UP TO SIX AT-LARGE MEMBERS AS DETERMINED BY THE BOARD OF DIRECTORS AND SUBJECT TO THE ARTICLES OF INCORPORATION THE BOARD SHALL ELECT AND APPOINT A COMPETENT PRESIDENT WHO SHALL BE ITS DIRECT EXECUTIVE REPRESENTATIVE IN THE MANAGEMENT OF THE CORPORATION THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, AND, SUBJECT TO THE DIRECTION AND UNDER THE SUPERVISION OF THE BOARD OF DIRECTORS, SHALL HAVE GENERAL CHARGE OF THE BUSINESS AFFAIRS AND PROPERTY OF THE CORPORATION
SECTION E, LINE 3B	IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS THE BOARD OF DIRECTORS OF IOWA HEALTH SYSTEM HAS FINAL AUTHORITY WITH RESPECT TO THE APPROVAL OF STRATEGIC PLANS, ADOPTION OF BUSINESS PLANS, INCURRENCE OF LONG-TERM INDEBTEDNESS, SELECTION (AFTER CONSULTATION WITH THE AFFECTED CORPORATION'S BOARD) OF ANY NEW OR REMOVAL OF ANY EXISTING CORPORATE OFFICER, PURSUANT TO THE AFFILIATION AGREEMENT, TRANSFER, SALE OR CLOSURE OF ANY FACILITY, DEPARTMENT OR FUNCTION AT THE CORPORATION, AMEND ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, MANAGED CARE STRATEGY AND EXECUTITION OF MANAGED CARE CONTRACTS, AND PAYMENTS OR TRANSFER OF ASSETS BETWEEN CORPORATE AFFILIATES ANY OF THE ORGANIZATIONS WHOSE SOLE CORPORATE MEMBER RELATIONSHIP TO IOWA HEALTH SYSTEM IS SUBSTANTIALLY SIMILAR TO RELATIONSHIPS DESCRIBED IN THE AFFILIATION AGREEMENTS WITH IOWA HEALTH SYSTEM

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) CENTRAL IOWA HOSPITAL CORPORATION	420680452		Yes		35,466,128	0
(A) ST LUKE'S METHODIST HOSPITAL	420504780		Yes		24,522,458	0
(B) ALLEN MEMORIAL HOSPITAL CORPORATION	420698265		Yes		9,291,490	0
(C) NORTHWEST IOWA HOSPITAL CORPORATION	421019872		Yes		1,054,507	0
(D) THE FINLEY HOSPITAL	420680354		Yes		698,835	0
(E) TRINITY REGIONAL MEDICAL CENTER	421009175		Yes		611,592	0
(F) TRINITY MEDICAL CENTER	362739299		Yes		23,098,977	0
(G) UNITY HEALTHCARE	420680337		Yes		0	0
(H) METHODIST MEDICAL CENTER OF ILLINOIS	370661223		Yes		848,720	0
(I) MERITER HOSPITAL INC	390806367		Yes		17,937,696	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	635,274	733,618
c	Total lobbying expenditures (add lines 1a and 1b)	635,274	733,618
d	Other exempt purpose expenditures	312,290,037	3,461,434,032
e	Total exempt purpose expenditures (add lines 1c and 1d)	312,925,311	3,462,167,650
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	893,042	947,884	770,005	733,618	3,344,549
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493319042206

TY 2015 Affiliated Group Schedule

Name: IOWA HEALTH SYSTEM

EIN: 42-1435199

Affiliated Group Business Name:	IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1776 WEST LAKES PKWY STE 400 WEST DES MOINES, IA 50266
EIN:	42-1435199
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	635,274
Total Lobbying Expenditures:	635,274
Other Exempt Purpose Expenditures:	312,290,037
Total Exempt Purpose Expenditures:	312,925,311
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ALLEN COLLEGE
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1351526
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,406,365
Total Exempt Purpose Expenditures:	7,406,365
Lobbying Nontaxable Amount:	520,318
Grassroots Nontaxable Amount:	130,080
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ALLEN HEALTH SYSTEMS INC
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1201924
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	806,840
Total Exempt Purpose Expenditures:	806,840
Lobbying Nontaxable Amount:	146,026
Grassroots Nontaxable Amount:	36,507
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ALLEN MEMORIAL HOSPITAL CORPORATION
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-0698265
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	185,844,530
Total Exempt Purpose Expenditures:	185,844,530
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ANAMOSA AREA AMBULANCE SERVICE
Address. Either US or Foreign Type:	101 GRANT WOOD DRIVE ANAMOSA, IA 52205
EIN:	42-1466284
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	468,350
Total Exempt Purpose Expenditures:	468,350
Lobbying Nontaxable Amount:	93,670
Grassroots Nontaxable Amount:	23,418
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	BLACK HAWK-GRUNDY MENTAL HEALTH CENTER INC
Address. Either US or Foreign Type:	3251 WEST NINTH STREET WATERLOO, IA 50702
EIN:	42-0733463
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,701,166
Total Exempt Purpose Expenditures:	3,701,166
Lobbying Nontaxable Amount:	335,058
Grassroots Nontaxable Amount:	83,765
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CENTRAL IOWA HEALTH SYSTEM
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-1189791
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,160,835
Total Exempt Purpose Expenditures:	2,160,835
Lobbying Nontaxable Amount:	258,042
Grassroots Nontaxable Amount:	64,511
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CENTRAL IOWA HOSPITAL CORPORATION
Address. Either US or Foreign Type:	1200 PLEASANT STREET DES MOINES, IA 50309
EIN:	42-0680452
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	6,000
Total Lobbying Expenditures:	6,000
Other Exempt Purpose Expenditures:	598,483,551
Total Exempt Purpose Expenditures:	598,489,551
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	FINLEY TRI-STATES HEALTH GROUP INC
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-1307495
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	398,987
Total Exempt Purpose Expenditures:	398,987
Lobbying Nontaxable Amount:	79,797
Grassroots Nontaxable Amount:	19,949
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER
Address. Either US or Foreign Type:	3820 HILLSIDE DRIVE CEDAR FALLS, IA 50613
EIN:	42-1372380
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HULT CENTER FOR HEALTHY LIVING INC
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614
EIN:	36-3510390
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,016,998
Total Exempt Purpose Expenditures:	1,016,998
Lobbying Nontaxable Amount:	176,700
Grassroots Nontaxable Amount:	44,175
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	IOWA HEALTH FOUNDATION
Address. Either US or Foreign Type:	1415 WOODLAND AVE STE E-200 DES MOINES, IA 50309
EIN:	42-1467682
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	6,719,094
Total Exempt Purpose Expenditures:	6,719,094
Lobbying Nontaxable Amount:	485,955
Grassroots Nontaxable Amount:	121,489
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION
Address. Either US or Foreign Type:	8101 BIRCHWOOD COURT JOHNSTON, IA 50131
EIN:	42-1411630
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	378,665,968
Total Exempt Purpose Expenditures:	378,665,968
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	MEMORIAL FOUNDATION OF ALLEN HOSPITAL
Address. Either US or Foreign Type:	1825 LOGAN AVENUE WATERLOO, IA 50703
EIN:	42-1201138
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,357,021
Total Exempt Purpose Expenditures:	1,357,021
Lobbying Nontaxable Amount:	210,702
Grassroots Nontaxable Amount:	52,676
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	MERITER FOUNDATION INC
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715
EIN:	23-7098688
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	528,198
Total Exempt Purpose Expenditures:	528,198
Lobbying Nontaxable Amount:	104,230
Grassroots Nontaxable Amount:	26,058
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	MERITER HEALTH SERVICES INC
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715
EIN:	39-1412318
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	603,019
Total Exempt Purpose Expenditures:	603,019
Lobbying Nontaxable Amount:	115,453
Grassroots Nontaxable Amount:	28,863
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	MERITER HOSPITAL INC
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715
EIN:	39-0806337
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	288,891,754
Total Exempt Purpose Expenditures:	288,891,754
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	MERITER MEDICAL GROUP INC
Address. Either US or Foreign Type:	202 SOUTH PARK STREET MADISON, WI 53715
EIN:	05-0545222
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	69,544,867
Total Exempt Purpose Expenditures:	69,544,867
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	METHODIST HEALTH SERVICES CORPORATION
Address. Either US or Foreign Type:	221 NE GLEN OAK AVENUE PEORIA, IL 61636
EIN:	37-1111135
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	43,944
Total Exempt Purpose Expenditures:	43,944
Lobbying Nontaxable Amount:	8,789
Grassroots Nontaxable Amount:	2,197
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	METHODIST MEDICAL CENTER FOUNDATION
Address. Either US or Foreign Type:	221 NE GLEN OAK AVENUE PEORIA, IL 61636
EIN:	51-0186460
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,872,351
Total Exempt Purpose Expenditures:	1,872,351
Lobbying Nontaxable Amount:	243,618
Grassroots Nontaxable Amount:	60,905
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	METHODIST MEDICAL CENTER OF ILLINOIS
Address. Either US or Foreign Type:	221 NE GLEN OAK AVENUE PEORIA, IL 61636
EIN:	37-0661223
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	36,897
Total Lobbying Expenditures:	36,897
Other Exempt Purpose Expenditures:	295,394,223
Total Exempt Purpose Expenditures:	295,431,120
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	METHODIST SERVICES INC
Address. Either US or Foreign Type:	221 NE GLEN OAK AVENUE PEORIA, IL 61636
EIN:	37-1111134
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	10,091,145
Total Exempt Purpose Expenditures:	10,091,145
Lobbying Nontaxable Amount:	654,557
Grassroots Nontaxable Amount:	163,639
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NELLIE SHERWOOD TRUST
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-6061621
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	17,525
Total Exempt Purpose Expenditures:	17,525
Lobbying Nontaxable Amount:	3,505
Grassroots Nontaxable Amount:	876
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NORTH CENTRAL IOWA MENTAL HEALTH CENTER INC
Address. Either US or Foreign Type:	720 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-0937390
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,269,453
Total Exempt Purpose Expenditures:	3,269,453
Lobbying Nontaxable Amount:	313,473
Grassroots Nontaxable Amount:	78,368
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NORTHWEST IOWA HOSPITAL CORPORATION
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1019872
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	134,289,211
Total Exempt Purpose Expenditures:	134,289,211
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	PROCTOR HEALTH CARE INCORPORATED
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614
EIN:	37-1133412
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	10,651
Total Exempt Purpose Expenditures:	10,651
Lobbying Nontaxable Amount:	2,130
Grassroots Nontaxable Amount:	533
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	PROCTOR HEALTH SYSTEMS
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVE PEORIA, IL 61614
EIN:	36-4147437
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	6,474,158
Total Exempt Purpose Expenditures:	6,474,158
Lobbying Nontaxable Amount:	473,708
Grassroots Nontaxable Amount:	118,427
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	PROCTOR HOSPITAL
Address. Either US or Foreign Type:	5409 N KNOXVILLE AVENUE PEORIA, IL 61614
EIN:	37-0681540
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	27,544
Total Lobbying Expenditures:	27,544
Other Exempt Purpose Expenditures:	69,918,003
Total Exempt Purpose Expenditures:	69,945,547
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	SELF INSURANCE TRUST AGREEMENT EST BY MMCI
Address. Either US or Foreign Type:	221 NE GLEN OAK AVENUE PEORIA, IL 61636
EIN:	37-6181831
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	SIOUXLAND PACE INC
Address. Either US or Foreign Type:	309 COOK STREET SIOUX CITY, IA 51103
EIN:	26-1120134
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	9,938,389
Total Exempt Purpose Expenditures:	9,938,389
Lobbying Nontaxable Amount:	646,919
Grassroots Nontaxable Amount:	161,730
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ST LUKE'S HEALTH RESOURCES
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1059182
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	12,386,914
Total Exempt Purpose Expenditures:	12,386,914
Lobbying Nontaxable Amount:	769,346
Grassroots Nontaxable Amount:	192,337
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ST LUKE'S HEALTH SYSTEM INC
Address. Either US or Foreign Type:	2720 STONE PARK BLVD SIOUX CITY, IA 51104
EIN:	42-1294091
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,076,008
Total Exempt Purpose Expenditures:	3,076,008
Lobbying Nontaxable Amount:	303,800
Grassroots Nontaxable Amount:	75,950
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ST LUKE'S HEALTHCARE
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-1487968
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,286,521
Total Exempt Purpose Expenditures:	1,286,521
Lobbying Nontaxable Amount:	203,652
Grassroots Nontaxable Amount:	50,913
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ST LUKE'S METHODIST HOSPITAL
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-0504780
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	403
Total Lobbying Expenditures:	403
Other Exempt Purpose Expenditures:	310,013,761
Total Exempt Purpose Expenditures:	310,014,164
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ST LUKE'SJONES REGIONAL MEDICAL CENTER
Address. Either US or Foreign Type:	104 BROADWAY PLACE ANAMOSA, IA 52205
EIN:	42-1487967
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	16,783,109
Total Exempt Purpose Expenditures:	16,783,109
Lobbying Nontaxable Amount:	989,155
Grassroots Nontaxable Amount:	247,289
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	STL CARE COMPANY
Address. Either US or Foreign Type:	1026 A AVENUE NE CEDAR RAPIDS, IA 52402
EIN:	42-1276632
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	17,048,448
Total Exempt Purpose Expenditures:	17,048,448
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	THE DUBUQUE VISITING NURSE ASSOCIATION
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-0680410
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,672,261
Total Exempt Purpose Expenditures:	2,672,261
Lobbying Nontaxable Amount:	283,613
Grassroots Nontaxable Amount:	70,903
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	THE FINLEY HOSPITAL
Address. Either US or Foreign Type:	350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001
EIN:	42-0680354
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	93,569,113
Total Exempt Purpose Expenditures:	93,569,113
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201
EIN:	36-3678909
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	15,000
Total Lobbying Expenditures:	15,000
Other Exempt Purpose Expenditures:	13,891,981
Total Exempt Purpose Expenditures:	13,906,981
Lobbying Nontaxable Amount:	845,349
Grassroots Nontaxable Amount:	211,337
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRIMARK PHYSICIANS GROUP
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	45-3791448
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	38,591,839
Total Exempt Purpose Expenditures:	38,591,839
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY HEALTH FOUNDATION
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-1222381
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	415,725
Total Exempt Purpose Expenditures:	415,725
Lobbying Nontaxable Amount:	83,145
Grassroots Nontaxable Amount:	20,786
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY HEALTH FOUNDATION
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201
EIN:	36-3321751
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	843,927
Total Exempt Purpose Expenditures:	843,927
Lobbying Nontaxable Amount:	151,589
Grassroots Nontaxable Amount:	37,897
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY HEALTH SYSTEMS INC
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-1222877
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,617,693
Total Exempt Purpose Expenditures:	3,617,693
Lobbying Nontaxable Amount:	330,885
Grassroots Nontaxable Amount:	82,721
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	TRINITY MEDICAL CENTER
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201
EIN:	36-2739299
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	12,500
Total Lobbying Expenditures:	12,500
Other Exempt Purpose Expenditures:	342,415,192
Total Exempt Purpose Expenditures:	342,427,692
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY REGIONAL HEALTH SYSTEM
Address. Either US or Foreign Type:	2701 17TH STREET ROCK ISLAND, IL 61201
EIN:	36-3351952
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	617,925
Total Exempt Purpose Expenditures:	617,925
Lobbying Nontaxable Amount:	117,689
Grassroots Nontaxable Amount:	29,422
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY REGIONAL HOSPITAL AUXILIARY
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-6081474
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	131,553
Total Exempt Purpose Expenditures:	131,553
Lobbying Nontaxable Amount:	26,311
Grassroots Nontaxable Amount:	6,578
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	TRINITY REGIONAL MEDICAL CENTER
Address. Either US or Foreign Type:	802 KENYON ROAD FORT DODGE, IA 50501
EIN:	42-1009175
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	87,697,129
Total Exempt Purpose Expenditures:	87,697,129
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UNITY HEALTHCARE
Address. Either US or Foreign Type:	1518 MULBERRY AVENUE MUSCATINE, IA 52761
EIN:	42-0680337
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	41,951,632
Total Exempt Purpose Expenditures:	41,951,632
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UNITY HEALTHCARE FOUNDATION
Address. Either US or Foreign Type:	1518 MULBERRY AVENUE MUSCATINE, IA 52761
EIN:	42-1525031
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	605,338
Total Exempt Purpose Expenditures:	605,338
Lobbying Nontaxable Amount:	115,801
Grassroots Nontaxable Amount:	28,950
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UNITYPOINT AT HOME
Address. Either US or Foreign Type:	11333 AURORA AVENUE URBANDALE, IA 50322
EIN:	42-1477471
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	83,611,330
Total Exempt Purpose Expenditures:	83,611,330
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UNITYPOINT HEALTH AT WORK
Address. Either US or Foreign Type:	1776 WEST LAKES PKWY STE 400 WEST DES MOINES, IA 50266
EIN:	81-0872241
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, the text of the footnote to its financial statements that describes these items

b 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) Revenue included on 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 Revenue included on 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	47,692	73,276	58,647	102,976	46,770
b	Contributions			25,281	81,667	150,535
c	Net investment earnings, gains, and losses	447	504	494	1,807	1,400
d	Grants or scholarships					
e	Other expenditures for facilities and programs		26,088	11,146	127,803	95,729
f	Administrative expenses					
g	End of year balance	48,139	47,692	73,276	58,647	102,976

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings		180,263	21,468	158,795
c Leasehold improvements		5,552,845	3,447,126	2,105,719
d Equipment		471,063,962	277,931,839	193,132,123
e Other		12,466,579		12,466,579
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				207,863,216

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
SELF-INSURANCE RESERVE	832,600
SWAP LIABILITY	78,850,957
LONG-TERM RETENTION INCENTIVES	9,973,827
DUE TO AFFILIATES	12,183,083
MISCELLANEOUS LT LIABILITIES	75,253
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	101,915,720

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	293,185,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-262,777		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-262,777
3	Subtract line **2e** from line **1**			3	293,447,777
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	10,162		
b	Other (Describe in Part XIII)	4b	107,974,727		
c	Add lines **4a** and **4b**			4c	107,984,889
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	401,432,666

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	323,511,000
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	323,511,000
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	10,162		
b	Other (Describe in Part XIII)	4b	83,870,563		
c	Add lines **4a** and **4b**			4c	83,880,725
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	407,391,725

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SUBSIDIARY ELIMINATING ENTRY 3,234,000 REVENUES IN UNRESTRICTED FUND BALANCE 104,344,817 REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE 447 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 395,417 ROUNDING 46
PART XII, LINE 4B - OTHER ADJUSTMENTS	SUBSIDIARY ELIMINATING ENTRY 4,018,000 EXPENSES IN UNRESTRICTED FUND BALANCE 79,456,989 IOWA HEALTH SYSTEM CONTRACTING SERVICES REBATES 395,417 ROUNDING 157

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	IOWA HEALTH SYSTEM REQUIRES EACH RECIPIENT OF THE GRANTS (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT AND OUTLINE A SERIES OF ELIGIBLITY STANDARDS THAT ARE REQUIRED TO BE MET IOWA HEALTH SYSTEM THEN REVIEWS THESE APPLICATIONS, AND BASED ON NEED AND ELIGIBILITY, A COMMITTEE MAKES THE FINAL DECISION ON ALL GRANT RECIPIENTS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRANSTAD-REYNOLDS SCHOLARSHIP FUND 1601 22ND STREET STE 400 WEST DES MOINES,IA 50266	27-3956456	501(C)(3)	15,000				PROGRAM SUPPORT
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER 3200 GRAND AVE DES MOINES,IA 503124198	42-0730347	501(C)(3)	5,000				PROGRAM SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES,IA 503114516	42-0680460	501(C)(3)	100,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREAT IOWA NURSES 2400 86TH STREET URBANDALE,IA 50322	42-0636682	501(C)(6)	5,000				EVENT SPONSOR
IOWA HEALTH CARE COLLABORATIVE 100 E GRAND AVE SUITE 360 DES MOINES,IA 50309	20-3869767	501(C)(3)	25,000				PROGRAM SUPPORT
IOWA HOSPITAL ASSOCIATION 100 E GRAND AVE SUITE 100 DES MOINES,IA 50309	42-0706508	501(C)(6)	5,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD CT JOHNSTON,IA 50131	42-1411630	501(C)(3)	79,456,989				PROGRAM SUPPORT
IOWA SPORTS FOUNDATION 1421 S BELL AVE STE 104 AMES,IA 50010	42-1278326	501(C)(3)	30,000				PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVENUE DES MOINES,IA 50312	42-0759070	501(C)(3)	7,500				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRINCIPAL CHARITY CLASSIC 2771 104TH ST STE 1 URBANDALE,IA 50322	42-6139033	501(C)(3)	15,000				EVENT SPONSOR
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	63,500				PROGRAM SUPPORT

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 and Title	**(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TRAVEL CEO AND BOARD MEMBERS USE PRIVATE CHARTER FOR BUSINESS TRAVEL BETWEEN AFFILIATE CITIES AND FOR BOARD OF DIRECTOR MEETINGS THIS TRAVEL IS FOR BUSINESS PURPOSES ONLY NO FIRST CLASS COMMERCIAL TRAVEL IS REIMBURSED TRAVEL FOR COMPANIONS SPOUSES SOMETIMES ACCOMPANY BOARD MEMBERS AND/OR OFFICERS ON ORGANIZATIONAL ACTIVITIES, INCLUDING BOARD RETREATS THE ADDITIONAL COST ATTRIBUTABLE TO THE SPOUSE IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBER OR OFFICER AND REPORTED AS APPROPRIATE TO THE IRS TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IF AN INDIVIDUAL IS PROVIDED SOMETHING FROM THE EMPLOYER OF VALUE, SUCH AS A PAID BENEFIT, GIFT CARD OR GIFT, WHICH IS CONSIDERED TAXABLE INCOME, THEN THE EMPLOYER WILL ADD IMPUTED AMOUNTS TO PAYCHECK IN ORDER TO TAX APPROPRIATELY
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL(S) RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THAT WAS INCLUDED IN THEIR TAXABLE INCOME JOHN FROWNFELTER $269,536, JOY GROSSER $69,454, JAMES WOODWARD $622,648 NONQUALIFIED RETIREMENT PLAN EARNINGS THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS DAVID BRANDON $69,506, TROY CARAWAY $78,179, ERIC CROWELL $198,474, STANTON DANIELSON $11,756, PAMELA DELAGARDELLE $74,027, MIKE DEWERFF $50,953, DENNY DRAKE $118,117, KARA DUNHAM $32,989, JOY GROSSER $2,830, MARK JOHNSON $162,122, ALAN KAPLAN $149,494, WILLIAM LEAVER $990,154, KATHERINE MARCHIK $42,266, ART NIZZA $60,260, WILLIAM O'BRIEN $35,152, EMILY PORTER $49,419, RENEE RASMUSSEN $58,575, SABRA ROSENER $49,116, RICHARD SEIDLER $146,008, DEBORAH SIMON $90,485, SUSAN THOMPSON $144,558, PETER THOREEN $205,920, THEODORE TOWNSEND $136,423, KEVIN VERMEER $285,009, LYNN WOLD $61,368 NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED PLAN KARA DUNHAM $56,267, JOY GROSSER $347,204, MARK JOHNSON $202,961, WILLIAM LEAVER $2,056,472, DEBORAH SIMON $90,832, KEVIN VERMEER $357,447 PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS

Additional Data

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

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STANTON DANIELSON MD BOARD MEMBER	(I)	0	0	0	0	0	0	0
	(II)	400,761	24,406	7,879	54,895	9,024	496,965	0
1CATHERINE RANHEIM MD BOARD MEMBER	(I)	13,972	0	0	0	0	13,972	0
	(II)	253,630	8,154	24,714	10,600	2,587	299,685	0
2MARK JOHNSONSVP/CFO	(I)	607,066	212,100	249,863	178,022	20,094	1,267,145	202,961
	(II)	0	0	0	0	0	0	0
3WILLIAM LEAVER PRESIDENT/CEO	(I)	1,391,570	448,600	2,119,174	1,005,200	19,679	4,984,223	2,056,472
	(II)	0	0	0	0	0	0	0
4KEVIN VERMEER EVP/CSO & ACO CEO	(I)	967,581	273,750	409,566	299,778	23,240	1,973,915	357,447
	(II)	0	0	0	0	0	0	0
5DAVID BRANDON PRESIDENT/CEO-DUB	(I)	0	0	0	0	0	0	0
	(II)	338,746	94,427	52,893	82,806	21,033	589,905	0
6TROY CARAWAY SVP INS DIV & CEO PPIC	(I)	444,900	80,087	45,239	88,778	17,884	676,888	0
	(II)	0	0	0	0	0	0	0
7ERIC CROWELLCEO-DSM	(I)	0	0	0	0	0	0	0
	(II)	620,009	195,829	77,915	244,932	20,470	1,159,155	0
8PAMELA DELAGARDELLE PRESIDENT/CEO-WAT	(I)	0	0	0	0	0	0	0
	(II)	383,807	101,028	45,809	87,277	18,351	636,272	0
9MIKE DEWERFF PRESIDENT/CEO-FD (FR 2/15)	(I)	0	0	0	0	0	0	0
	(II)	294,060	101,657	141,452	63,208	21,296	621,673	0
10DENNY DRAKE VP GENERAL COUNSEL/CORP CO	(I)	510,724	150,309	51,537	162,313	20,904	895,787	0
	(II)	0	0	0	0	0	0	0
11KARA DUNHAM VP FINANCE	(I)	255,776	72,669	96,341	46,239	23,328	494,353	56,267
	(II)	0	0	0	0	0	0	0
12JOY GROSSER VP & CIO (TO 10/15)	(I)	371,749	118,496	515,089	13,828	1,021	1,020,183	347,204
	(II)	0	0	0	0	0	0	0
13BRIAN JONES VP PAYOR INNOVATION	(I)	339,059	79,713	33,156	13,250	20,384	485,562	0
	(II)	0	0	0	0	0	0	0
14 ALAN KAPLAN MD EVPCCTO PRES/CEO IPCMF & UP@HOME	(I)	632,225	212,240	54,716	162,744	23,292	1,085,217	0
	(II)	0	0	0	0	0	0	0
15ART NIZZA PRESIDENT/CEO-WI (FR 2/15)	(I)	0	0	0	0	0	0	0
	(II)	375,811	100,000	36,257	60,260	17,551	589,879	0
16EMILY PORTER VP PEOPLE EXCELLENCE	(I)	401,678	101,481	35,883	62,669	21,168	622,879	0
	(II)	0	0	0	0	0	0	0
17SABRA ROSENER VP GOVERNMENT RELATIONS	(I)	299,596	84,379	38,001	54,416	25,459	501,851	0
	(II)	0	0	0	0	0	0	0
18RICHARD SEIDLER PRESIDENT/CEO-QC	(I)	0	0	0	0	0	0	0
	(II)	554,851	114,259	57,715	167,543	14,892	909,260	0
19ARIC SHARPVP/ACO	(I)	382,970	106,003	33,148	13,250	18,092	553,463	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 DEBORAH SIMON PRESIDENT/CEO-PM	(I)	0	0	0	0	0	0	0
	(II)	466,402	117,392	143,625	159,196	- 16,425	- 903,040	0
SUSAN THOMPSON CEO-FD **1** TO 215 SVP INT & OPT (FR 6/15)	(I)	173,979	0	26,202	143,696	2,854	346,731	0
	(II)	200,504	87,255	29,622	14,112	- 2,974	- 334,467	0
PETER THOREEN PRESCEO- **2** SC TO 615 INTERIM CEO-WI (TO 2/15)	(I)	0	0	0	0	0	0	0
	(II)	364,349	97,797	43,964	220,026	- 19,244	- 745,380	0
3 THEODORE TOWNSEND PRESIDENT/CEO-CR	(I)	0	0	0	0	0	0	0
	(II)	479,095	142,764	63,134	152,346	- 21,247	- 858,586	0
4 LYNN WOLD PRESIDENT/CEO-SC (FR 06/15)	(I)	0	0	0	0	0	0	0
	(II)	284,826	58,341	37,995	74,271	- 20,093	- 475,526	0
5 JOHN FROWNFELTER CHIEF MEDICAL INFO OFFICER	(I)	52,280	45,604	274,801	3,223	15,817	391,725	0
	(II)	0	0	0	0	- 0	- 0	0
6 MATTHEW KIRSCHNER VP/TREASURY	(I)	322,254	89,568	38,960	12,833	17,775	481,390	0
	(II)	0	0	0	0	- 0	- 0	0
7 KATHERINE MARCHIK VP/SUPPLY MANAGEMENT	(I)	278,241	79,713	43,107	55,516	18,144	474,721	0
	(II)	0	0	0	0	- 0	- 0	0
8 WILLIAM O'BRIEN VP FINANCE INS DIV & CFO PPIC/HUHI	(I)	357,722	0	38,527	47,621	15,225	459,095	0
	(II)	0	0	0	0	- 0	- 0	0
9 RENEE RASMUSSEN VP REVENUE CYCLE	(I)	265,171	63,309	32,284	71,399	22,440	454,603	0
	(II)	8,796	0	1,722	455	- 1,800	- 12,773	0
10 JAMES WOODWARD TO 0614 FORMER PRESIDENT/CEO-WI	(I)	0	0	0	0	0	0	0
	(II)	0	85,889	622,648	0	- 0	- 708,537	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	462466CF8	03-04-2009	244,270,000	SEE PART VI	X			X		X
B	IOWA FINANCE AUTHORITY	52-1699886	462466DS9	08-06-2009	402,440,333	SEE PART VI		X		X		X
C	IOWA FINANCE AUTHORITY	52-1699886	462466ER0	09-19-2013	101,172,373	SEE PART VI		X		X		X
D	IOWA FINANCE AUTHORITY	52-1699886	462466ET6	10-03-2013	79,120,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	33,956,037	161,835,333		1,735,000
2	Amount of bonds legally defeased	28,620,000			
3	Total proceeds of issue	244,271,037	402,440,333	101,172,373	79,120,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	201,270,000	351,270,000		28,620,000
7	Issuance costs from proceeds			1,172,373	500,000
8	Credit enhancement from proceeds		1,170,333		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	43,001,037	50,000,000	100,000,000	
11	Other spent proceeds				50,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2011	2010	2014	2014

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 010 %		0 010 %		0 %		0 %	
6	Total of lines 4 and 5	0 010 %		0 010 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	SEE PART V							
c	Term of hedge	2600 0000000000 %							
d	Was the hedge superintegrated?	X							
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, LINE A(ENTITY 2) - CUSIP #	MULTIPLE IOWA FINANCE AUTHORITY CUSIPS ISSUED TO THIS BOND - #97670FBE0, #97712DEA0, #97712DEB8, AND #462466EW9

Return Reference	Explanation
PART I, LINE A(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS, (IOWA HEALTH SYSTEM), SERIES 2005B ISSUED ON 7/27/05, (II) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN CEDAR RAPIDS, DES MOINES, DUBUQUE, FORT DODGE, SIOUX CITY, AND WATERLOO, IOWA

Return Reference	Explanation
PART I, LINE B(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS, (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 7/27/05, (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2008A ISSUED ON 5/20/08, (III) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN DES MOINES, DUBUQUE, SIOUX CITY, AND WATERLOO, IOWA

Return Reference	Explanation
PART I, LINE C(F) - BOND ISSUES	(I) CONSTRUCT AND EQUIP HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN CEDAR RAPIDS, DUBUQUE, MUSCATINE, SIOUX CITY, AND WATERLOO, IOWA

Return Reference	Explanation
PART I, LINE D(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009A-E ISSUED ON 3/4/09, (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009F ISSUED ON 8/6/09

Return Reference	Explanation
PART I, LINE E(F) - BOND ISSUES	(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 3/4/09

Return Reference	Explanation
PART I, LINE F(F) - BOND ISSUES	(I) MERITER HOSPITAL REFUNDING OF BONDS ISSUED 5/21/2008 BY WISC HEALTH & EDUCATIONAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH

Return Reference	Explanation
PART I, LINE G(F) - BOND ISSUES	(I) MERITER HOSPITAL ISSUANCE THROUGH WISC HEALTH & EDUCATIONAL FACILITIES TO CONSTRUCT AND EQUIP HOSPITAL FACILITIES, MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014, DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH

Return Reference	Explanation
PART II, LINE 3(A) - PROCEEDS	THERE IS A DIFFERENCE BETWEEN THE BOND ISSUE PRICE AND THE TOTAL PROCEEDS OF BOND ISSUE DUE TO INVESTMENT EARNINGS OF $1,037

Return Reference	Explanation
PART IV - ARBITRAGE	CITIBANK, N A , JPMORGAN CHASE BANK, N A , MORGAN STANLEY CAPITAL SERVICES, INC

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY (SEE PART V)	52-1699886	97670FBE0	05-21-2014	259,106,530	SEE PART VI		X		X		X
B	WISC HEALTH & EDUCATIONAL FACILITIES	39-1337855		08-09-2012	45,200,000	SEE PART VI		X		X		X
C	WISC HEALTH & EDUCATIONAL FACILITIES	39-1337855		08-09-2012	20,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,515,000	31,250,000	1,223,683	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	243,525,000	45,200,000	20,023,683	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	71,310,750			
7	Issuance costs from proceeds	2,593,568			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	185,202,212		20,023,683	
11	Other spent proceeds		45,200,000		
12	Other unspent proceeds				
13	Year of substantial completion	2015	2012	2014	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider			PIPER JAFFREY					
c	Term of hedge			990 0000000000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BKD LLP	COMMON BOARD MEMBER/OFFICER	871,304	AUDIT AND ACCOUNTING FEES		No
(2) MEDIMORE INC	COMMON BOARD MEMBER/OFFICER	470,732	EXPENSE REIMBURSEMENT		No
(3) MICHAEL CLANCY	FAMILY MEMBER OF BOARD MEMBER BRENDA CLANCY	46,053	EMPLOYMENT		No
(4) NATHAN THOMPSON	FAMILY MEMBER OF KEY EMPLOYEE SUSAN THOMPSON	133,507	EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1A & 1B	CASH DISBURSEMENTS ARE CENTRALIZED THROUGH THE PARENT ORGANIZATION, IOWA HEALTH SYSTEM (D/B/A UNITY POINT HEALTH) THE PARENT MAKES THE PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL UNITY POINT HEALTH SYSTEM RELATED ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 7A	IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HO SPITAL HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS EACH HOSPITAL HAS THE POWER TO APPOINT BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED INTERNALLY BY THE IOWA HEALTH SYSTEM TAX DEPARTMENT USING INFORMA TION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION EACH SECTION OF THE RETUR N IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT A DRAFT CO PY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW A FULL COPY OF THE FORM 990 IS PROVIDE D TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMPLY WITH THE POLICY, 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION, 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES, THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH, IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCT S A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZAT ION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO") T HIS ANNUAL REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH E XECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITI ONS IN SIMILARLY SITUATED ORGANIZATIONS THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH TH E 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 "R EBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIO NS RULES THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CON SULTANT, 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 COMMITTE E BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSA TION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENE FITS FOR APPROXIMATELY THE TOP FIFTY EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WH ICH ARE EMPLOYEES OF THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MA KE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER EXECUTIVES THE C OMMITTEE 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 CO NTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS THE ORGANIZATION BELIE VES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABL E AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE A NY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958 THE ANNUAL REVIEW OF COM PENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2014 FOR THE FOLLOWING INDIVIDUALS JOY GROSSER, WILLIAM LEAVER THE ANNUAL REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFO RMED IN DECEMBER 2015 FOR THE FOLLOWING INDIVIDUALS DAVID BRANDON, TROY CARAWAY, ERIC CRO WELL, PAMELA DELAGARDELLE, MIKE DEWERFF, DENNY DRAKE, KARA DUNHAM, MARK JOHNSON, ALAN KAPL AN M D , KATHERINE MARCHIK, ART NIZZA, WILLIAM O'BRIEN, EMILY PORTER, RENEE RASMUSSEN, SAB RA ROSENER, RICHARD SEIDLER, ARIC SHARP, DEBORAH SIMON, SUSAN THOMPSON, THEODORE TOWNSEND, KEVIN VERMEER THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PAR T VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFED PERSONS IN FUNCTION ALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS COMPENSATION AND BENEFITS A RE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL DEPARTMENT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE, WWW UNITYPOINT ORG
FORM 990, PART IX, LINE 11G	HEALTHCARE PROFESSIONALS PROGRAM SERVICE EXPENSES 7,440 MANAGEMENT AND GENERAL EXPENSES 28,803 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 36,243 PURCHASED HOUSEKEEPING AND LAUNDRY PROGRAM SERVICE EXPENSES 138 MANAGEMENT AND GENERAL EXPENSES 759 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 897 MISC PURCHASED SERVICES PROGRAM SERVICE EXPENSES 66,049,774 MANAGE MENT AND GENERAL EXPENSES 24,632,608 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 90,682,382

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY EARNINGS IN JOINT VENTURES 1,000 FUND BALANCE TRANSFERS 9,167,628

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IOWA HEALTH SYSTEM

Employer identification number
42-1435199

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BHC LC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-3820391	INFORMATION TECHNOLOGY MGMT	IA	1	1,551	IOWA HEALTH SYSTEM
(2) IOWA HEALTH ACCOUNTABLE CARE LC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 45-4550692	ACCOUNTABLE CARE	IA	3,234,507	3,857,423	IOWA HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PARTS I - IV	IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH) IOWA HEALTH SYSTEM IS AN IOWA NONPROFIT CORPORATION FORMED IN DECEMBER 1994 IOWA HEALTH SYSTEM AND ITS SUBSIDIARIES PROVIDE INPATIENT AND OUTPATIENT CARE AND PHYSICIAN SERVICES FROM 32 HOSPITAL FACILITIES AND VARIOUS AMBULATORY SERVICE AND CLINIC LOCATIONS IN IOWA, ILLINOIS AND WISCONSIN PRIMARY, SECONDARY AND TERTIARY CARE SERVICES ARE PROVIDED TO RESIDENTS OF IOWA, ILLINOIS, WISCONSIN AND ADJACENT STATES ON APRIL 16, 2013, IOWA HEALTH SYSTEM BEGAN BEING PUBLICLY KNOWN AS UNITYPOINT HEALTH (THE SYSTEM) THIS NAME CHANGE REFLECTS THE TRANSFORMATION OF CLINICAL PROCESSES UNDERWAY WITHIN THE SYSTEM AND THE ADAPTATION TO BETTER ADDRESS THE HEALTH CARE NEEDS OF COMMUNITIES, INCLUDING BUILDING A MODEL OF DELIVERING HEALTH CARE THAT COORDINATES CARE AROUND THE PATIENT WHILE FOCUSING ON IMPROVING THE QUALITY OF CARE AND REDUCING COSTS THE LEGAL NAME OF THE PARENT REMAINS IOWA HEALTH SYSTEM, WITH THE UNITYPOINT HEALTH NAME REFLECTING A DOING BUSINESS AS (D/B/A)

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALLEN COLLEGE 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1351526	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IA	501(C)(3)	170(B)(1)(A)(II)	ALLEN HEALTH SYSTEMS INC	Yes	
ALLEN HEALTH SYSTEMS INC 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201924	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO, IA 50703 42-0698265	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	ALLEN HEALTH SYSTEMS INC	Yes	
ANAMOSA AREA AMBULANCE SERVICE 101 GRANT WOOD DRIVE ANAMOSA, IA 52205 42-1466284	PROVIDE AMBULANCE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'SJONES REGIONAL MEDICAL CENTER	Yes	
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER INC 3251 WEST NINTH STREET WATERLOO, IA 50702 42-0733463	MENTAL HEALTH CARE	IA	501(C)(3)	170(B)(1)(A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
CENTRAL IOWA HEALTH PROPERTIES CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309 42-1233759	PROPERTY HOLDING COMPANY	IA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM	Yes	
CENTRAL IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA 50309 42-1189791	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET DES MOINES, IA 50309 42-0680452	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	CENTRAL IOWA HEALTH SYSTEM	Yes	
DES MOINES AREA MEDICAL EDUCATION CONSORTIUM INC 1415 WOODLAND AVE SUITE 130 DES MOINES, IA 50309 42-1412497	COORDINATION OF MEDICAL EDUCATION PROGRAMS	IA	501(C)(3)	509(A)(3), TYPE III		Yes	
FINLEY TRI-STATES HEALTH GROUP INC 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-1307495	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER 3820 HILLSIDE DRIVE CEDAR FALLS, IA 50613 42-1372380	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1)(A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
HULT CENTER FOR HEALTHY LIVING INC 5409 N KNOXVILLE AVE PEORIA, IL 61614 36-3510390	HEALTH EDUCATION TO THE COMMUNITY	IL	501(C)(3)	170(B)(1)(A)(VI)	PROCTOR HOSPITAL	Yes	
IOWA HEALTH FOUNDATION 1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309 42-1467682	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1)(A)(VI)	CENTRAL IOWA HEALTH SYSTEM	Yes	
IOWA HEALTH SYSTEM 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1435199	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III		Yes	
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION 8101 BIRCHWOOD COURT JOHNSTON, IA 50131 42-1411630	PRIMARY HEALTH CARE SERVICES	IA	501(C)(3)	170(B)(1)(A)(III)	IOWA HEALTH SYSTEM	Yes	
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA 50703 42-1201138	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1)(A)(VI)	ALLEN HEALTH SYSTEMS INC	Yes	
MERITER FOUNDATION INC 202 SOUTH PARK STREET MADISON, WI 53715 23-7098688	CHARITABLE FUNDRAISING	WI	501(C)(3)	170(B)(1)(A)(VI)	MERITER HEALTH SERVICES INC	Yes	
MERITER HEALTH SERVICES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1412318	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	WI	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
MERITER HOSPITAL INC 202 SOUTH PARK STREET MADISON, WI 53715 39-0806367	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	MERITER HEALTH SERVICES INC	Yes	
MERITER MEDICAL GROUP INC 202 SOUTH PARK STREET MADISON, WI 53715 05-0545222	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	WI	501(C)(3)	509(A)(3), TYPE II	MERITER HOSPITAL INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
METHODIST HEALTH SERVICES CORPORATION 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-1111135	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
METHODIST MEDICAL CENTER FOUNDATION 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 51-0186460	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(B)(1)(A)(VI)	METHODIST HEALTH SERVICES CORPORATION	Yes	
METHODIST MEDICAL CENTER OF ILLINOIS 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-0661223	HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(III)	METHODIST HEALTH SERVICES CORPORATION	Yes	
METHODIST SERVICES INC 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-1111134	OFFICE RENTAL	IL	501(C)(3)	509(A)(2)	METHODIST HEALTH SERVICES CORPORATION	Yes	
NELLIE R SHERWOOD TRUST 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-6061621	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IA	501(C)(3)	509(A)(3), TYPE I	ST LUKE'S METHODIST HOSPITAL	Yes	
NORTH CENTRAL IOWA MENTAL HEALTH CENTER INCORPORATED 720 KENYON DRIVE FORT DODGE, IA 50501 42-0937390	MENTAL HEALTH CARE	IA	501(C)(3)	170(B)(1)(A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
NORTHWEST IOWA HOSPITAL CORPORATION 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1019872	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	ST LUKE'S HEALTH SYSTEM INC	Yes	
PROCTOR HEALTH CARE INCORPORATED 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1133412	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	170(B)(1)(A)(III)	METHODIST HEALTH SERVICES CORPORATION	Yes	
PROCTOR HEALTH SYSTEMS 5409 N KNOXVILLE AVE PEORIA, IL 61614 36-4147437	PRIMARY HEALTH CARE SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	PROCTOR HEALTH CARE INCORPORATED	Yes	
PROCTOR HOSPITAL 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-0681540	HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(III)	PROCTOR HEALTH CARE INCORPORATED	Yes	
SELF INSURANCE TRUST AGREEMENT EST BY METHODIST MEDICAL CENTER OF ILLINOIS 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 37-6181831	FUND SELF-INSURANCE PLAN	IL	501(C)(3)	509(A)(3), TYPE I	METHODIST MEDICAL CENER OF ILLINOIS	Yes	
SHARED MAGNETIC RESONANCE IMAGING FACILITY INC 1104 JOHN NOLEN DRIVE MADISON, WI 53713 39-1534744	MEDICAL TECHNOLOGY	WI	501(C)(3)	509(A)(3), TYPE I		Yes	
SIOUXLAND PACE INC 313 COOK STREET SIOUX CITY, IA 51103 26-1120134	ALL-INCLUSIVE CARE FOR THE ELDERLY	IA	501(C)(3)	170(B)(1)(A)(III)	ST LUKE'S HEALTH SYSTEM INC	Yes	
ST LUKE'S HEALTH RESOURCES 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1059182	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTH SYSTEM INC	Yes	
ST LUKE'S HEALTH SYSTEM INC 2720 STONE PARK BLVD SIOUX CITY, IA 51104 42-1294091	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	Yes	
ST LUKE'S HEALTHCARE 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1487968	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
ST LUKE'S METHODIST HOSPITAL 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-0504780	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	ST LUKE'S HEALTHCARE	Yes	
ST LUKE'SJONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST ANAMOSA, IA 52205 42-1487967	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	ST LUKE'S HEALTHCARE	Yes	
STL CARE COMPANY 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 42-1276632	IMPROVE PUBLIC HEALTH SERVICES	IA	501(C)(3)	509(A)(2)	ST LUKE'S HEALTHCARE	Yes	
THE DUBUQUE VISITING NURSE ASSOCIATION 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680410	PUBLIC HEALTH SERVICES/HOME CARE	IA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 42-0680354	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	FINLEY TRI-STATES HEALTH GROUP INC	Yes	
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 2701 17TH STREET ROCK ISLAND, IL 61201 36-3678909	MENTAL HEALTH CARE	IL	501(C)(3)	170(B)(1)(A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
TRIMARK PHYSICIANS GROUP 802 KENYON ROAD FORT DODGE, IA 50501 45-3791448	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IA	501(C)(3)	170(B)(1)(A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
TRINITY BUILDING CORPORATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1376187	PROPERTY HOLDING COMPANY	IA	501(C)(2)		TRINITY HEALTH SYSTEMS INC	Yes	
TRINITY HEALTH FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501 42-1222381	CHARITABLE FUNDRAISING	IA	501(C)(3)	170(B)(1)(A)(VI)	TRINITY HEALTH SYSTEMS INC	Yes	
TRINITY HEALTH FOUNDATION 2701 17TH STREET ROCK ISLAND, IL 61201 36-3321751	CHARITABLE FUNDRAISING	IL	501(C)(3)	170(B)(1)(A)(VI)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
TRINITY HEALTH SYSTEMS INC 802 KENYON ROAD FORT DODGE, IA 50501 42-1222877	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND, IL 61201 36-2739299	HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
TRINITY REGIONAL HEALTH SYSTEM 2701 17TH STREET ROCK ISLAND, IL 61201 36-3351952	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IL	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	Yes	
TRINITY REGIONAL HOSPITAL AUXILIARY 802 KENYON ROAD FORT DODGE, IA 50501 42-6081474	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER	Yes	
TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD FORT DODGE, IA 50501 42-1009175	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	TRINITY HEALTH SYSTEMS INC	Yes	
UNITY HEALTHCARE 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-0680337	HOSPITAL	IA	501(C)(3)	170(B)(1)(A)(III)	TRINITY REGIONAL HEALTH SYSTEM	Yes	
UNITY HEALTHCARE FOUNDATION 1518 MULBERRY AVENUE MUSCATINE, IA 52761 42-1525031	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IA	501(C)(3)	509(A)(3), TYPE I	TRINITY REGIONAL HEALTH SYSTEM	Yes	
UNITYPOINT AT HOME 11333 AURORA AVENUE URBANDALE, IA 50322 42-1477471	HOME HEALTH CARE	IA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM	Yes	
UNITYPOINT HEALTH AT WORK 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 81-0872241	EMPLOYER ONSITE MEDICAL SERVICES AND OCCUPATIONAL MEDICINE	IA	501(C)(3)	170(B)(1)(A)(III)	IOWA HEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED IMAGING CENTER LLC 615 VALLEY VIEW DRIVE MOLINE, IL 61265 36-4356301	DIAGNOSTIC RADIOLOGY CENTER	IA	N/A									
ALLEN MEMORIAL HOSPITAL ORTHOPEDIC CO-MANAGEMENT CO LLC 1825 LOGAN AVE WATERLOO, IA 50703 45-3237125	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A									
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO LLC 1200 PLEASANT ST DES MOINES, IA 50309 27-3625869	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A									
CENTRAL IOWA ONCOLOGY CO-MANAGEMENT COMPANY 1200 PLEASANT STREET DES MOINES, IA 50309 45-3017991	ONCOLOGY MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A									
CENTRAL IOWA SURGICAL SERVICES CO-MANAGEMENT CO LLC 1200 PLEASANT ST DES MOINES, IA 50309 47-1608704	SURGICAL MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A									
DUBUQUE ENDOSCOPY CENTER LC 1515 DELHI STREET SUITE 500 DUBUQUE, IA 52001 20-1597161	AMBULATORY SURGERY CENTER	IA	N/A									
ENSEVA - HIAWATHA LLC 755 METZGER DRIVE HIAWATHA, IA 52233 45-3437363	COLLOCATION FACILITY	IA	IOWA HEALTH SYSTEM	RELATED	-320,777	1,909,478		No			No	52 000 %
FINLEY DEPT OF SURGERY CO-MGMT CO LLC 350 N GRANDVIEW AVE DUBUQUE, IA 52001 42-2808785	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA	N/A									
HEALTH CARE AFFILIATES OF THE TRI-STATES LLC 350 N GRANDVIEW AVE DUBUQUE, IA 52001 42-1428503	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A									
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER LC 1200 PLEASANT STREET DES MOINES, IA 50309 03-0482623	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A									
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1511142	GROUP PURCHASING	IA	IOWA HEALTH SYSTEM	RELATED	3,765,649	5,303,017	Yes			Yes		100 000 %
LAKEVIEW SURGERY CENTER LC 1200 PLEASANT STREET DES MOINES, IA 50309 42-1516120	SURGERY CENTER	IA	N/A									
MERITER UW PHYSICIANS CONTRACTING COMPANY LLC 202 SOUTH PARK STREET MADISON, WI 53715 39-1998819	HEALTH SERVICES	WI	N/A									
MISSISSIPPI VALLEY SLEEP DISORDER CENTER LC 3400 DEXTER COURT DAVENPORT, IA 52807 42-1489697	MEDICAL LABORATORY SERVICES	IA	N/A									
MMCI ORTHOPEDIC CO-MANAGEMENT COMPANY LLC 221 NE GLEN OAK AVE PEORIA, IL 61636 46-1219459	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IL	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MMCI SURGERY CO-MANAGEMENT COMPANY LLC 221 NE GLEN OAK AVE PEORIA, IL 61636 47-1323385	SURGERY MANAGEMENT & ADMINISTRATIVE SERVICES	IL	N/A									
MR ASSOCIATES LLP 1956 1ST AVENUE NE CEDAR RAPIDS, IA 52402 42-1260463	OWN AND OPERATE MR UNIT	IA	N/A									
ORTHOPAEDIC OUTPATIENT SURGERY CENTER LC 1200 PLEASANT STREET DES MOINES, IA 50309 42-1508092	AMBULATORY SURGERY CENTER	IA	N/A									
REGIONAL HEALTH PARTNERS LLC 1258 W SOUTH ST KEWANEE, IL 61443 80-0899158	AMBULATORY HEALTH CLINICS	IL	N/A									
REHABILITATION THERAPY SERVICES LLC 416 ST MARKS CT 110 PEORIA, IL 61603 81-0584193	REHABILATION THERAPY	IL	N/A									
SLRMC CARDIOVASCULAR CO-MANAGEMENT COMPANY LLC 2720 STONE PARK BLVD SIOUX CITY, IA 51104 45-5322324	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A									
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS LLC 1075 FIRST AVENUE SE CEDAR RAPIDS, IA 52403 72-1550812	AMBULATORY SURGERY CENTER	IA	N/A									
TRINITY BETTENDORF ORTHOPEDIC CO-MANAGEMENT COMPANY LLC 4500 UTICA RIDGE RD BETTENDORF, IA 52722 27-2562753	ORTHOPEDIC SERVICE LINES ADMINISTRATIVE SERVICES	IA	N/A									
TRINITY ONCOLOGY SERVICES CO-MANAGEMENT COMPANY LLC 500 JOHN DEERE ROAD MOLINE, IL 61265 90-0953327	ONCOLOGY MANAGEMENT SERVICES	IL	N/A									
UNITYPOINT AT WORK LC 1825 LOGAN AVE WATERLOO, IA 50703 47-2181113	OCCUPATIONAL MEDICINE	IA	N/A									
UPHT-SCA HOLDINGS LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 47-3564984	AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A									
WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY LLC 1660 60TH STREET WEST DES MOINES, IA 50266 27-1414600	ORTHOPEDIC SERVICE LINES MANAGEMENT	IA	N/A									
WEST LAKES SLEEP CENTER LLC 5950 UNIVERSITY AVENUE SUITE 2 WEST DES MOINES, IA 50266 26-3193923	SLEEP DISORDER DIAGNOSTIC TESTING FACILITY	IA	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BELCREST SERVICES LTD 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1196307	MEDICAL SERVICES	IL	N/A	C				Yes	
(1) BROADBAND INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-3819741	INFORMATION TECHNOLOGY MGMT	IA	IOWA HEALTH SYSTEM	C	1,799,291	19,020,472	100 000 %	Yes	
(2) DELHI POINT CONDO ASSOCIATION 350 N GRANDVIEW DUBUQUE, IA 52001 42-1467002	REAL ESTATE MANAGEMENT	IA	N/A	C				Yes	
(3) HCP CORPORATION 202 SOUTH PARK STREET MADISON, WI 53715 39-1177562	REAL ESTATE RENTAL	WI	N/A	C				Yes	
(4) HEALTH PLUS INC 5409 N KNOXVILLE AVE PEORIA, IL 61614 37-1295532	MANAGED CARE ADMINISTRATION	IL	N/A	C				Yes	
(5) HNC SERVICES 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 27-0987243	FIBER OPTIC NETWORK SERVICES	IA	IOWA HEALTH SYSTEM	C	666,919	592,451	100 000 %	Yes	
(6) MEDIMORE INC 1776 WEST LAKES PKWY 400 WEST DES MOINES, IA 50266 42-1414390	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C	289,365		100 000 %	Yes	
(7) MERITER HEALTH ENTERPRISES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1293620	MANAGEMENT SERVICES	WI	N/A	C				Yes	
(8) MERITER MANAGEMENT SERVICES INC 202 SOUTH PARK STREET MADISON, WI 53715 39-1458235	ADMINISTRATIVE SERVICES	WI	N/A	C				Yes	
(9) METHODIST HEALTH VENTURES INC PO BOX 87 PEORIA, IL 61650 37-1140939	PHARMACY/OFFICE STAFFING	IL	N/A	C				Yes	
(10) METHODIST PHYSICIAN SERVICES INC PO BOX 87 PEORIA, IL 61650 36-3858550	MEDICAL SERVICES	IL	N/A	C				Yes	
(11) PRECEDENCE INC 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 37-1288604	MANAGED MENTAL CARE	IA	N/A	C				Yes	
(12) PROVIDER RESOURCE MANAGEMENT INC PO BOX 87 PEORIA, IL 61650 37-1223550	RESOURCE MANAGEMENT	IL	N/A	C				Yes	
PHYSICIANS PLUS INSURANCE (13) CORPORATION 2650 NOVATION PARKWAY SUITE 400 MADISON, WI 53713 39-1565691	FEDERALLY QUALIFIED HMO	WI	IOWA HEALTH SYSTEM	C	251,647,521	64,581,388	100 000 %	Yes	
(14) RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM INC 700 E UNIVERSITY AVE DES MOINES, IA 50316 26-1271143	SPECIALTY PHYSICIANS MEDICAL CARE	IA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) STL HEALTH RESOURCES CO 1026 A AVE NE CEDAR RAPIDS, IA 52402 42-1193499	PHYSICIAN OFFICE RENTAL	IA	N/A	C				Yes	
(1) TRINITY HEALTH ENTERPRISES INC 2701 17TH ST ROCK ISLAND, IL 61201 36-3320141	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	N/A	C				Yes	
TRINITY PHYSICIAN HOSPITAL (2) ORGANIZATION LTD 4622 PROGRESS DRIVE STE A DAVENPORT, IA 52807 36-3924720	MANAGED HEALTH CARE	IA	N/A	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ALLEN MEMORIAL HOSPITAL CORPORATION	A	2,890,067	BASED ON GAAP, CASH, AND/OR FMV
(1)	ALLEN MEMORIAL HOSPITAL CORPORATION	C	7,553,524	BASED ON GAAP, CASH, AND/OR FMV
(2)	ALLEN MEMORIAL HOSPITAL CORPORATION	J	1,377,793	BASED ON GAAP, CASH, AND/OR FMV
(3)	ALLEN MEMORIAL HOSPITAL CORPORATION	L	323,596	BASED ON GAAP, CASH, AND/OR FMV
(4)	ALLEN MEMORIAL HOSPITAL CORPORATION	S	1,997,203	BASED ON GAAP, CASH, AND/OR FMV
(5)	BROADBAND INC	J	226,385	BASED ON GAAP, CASH, AND/OR FMV
(6)	BROADBAND INC	M	114,882	BASED ON GAAP, CASH, AND/OR FMV
(7)	CENTRAL IOWA HEALTH PROPERTIES CORPORATION	A	17,862	BASED ON GAAP, CASH, AND/OR FMV
(8)	CENTRAL IOWA HOSPITAL CORPORATION	A	5,865,201	BASED ON GAAP, CASH, AND/OR FMV
(9)	CENTRAL IOWA HOSPITAL CORPORATION	C	30,232,694	BASED ON GAAP, CASH, AND/OR FMV
(10)	CENTRAL IOWA HOSPITAL CORPORATION	J	4,105,138	BASED ON GAAP, CASH, AND/OR FMV
(11)	CENTRAL IOWA HOSPITAL CORPORATION	L	1,021,527	BASED ON GAAP, CASH, AND/OR FMV
(12)	CENTRAL IOWA HOSPITAL CORPORATION	N	106,769	BASED ON GAAP, CASH, AND/OR FMV
(13)	CENTRAL IOWA HOSPITAL CORPORATION	S	4,445,869	BASED ON GAAP, CASH, AND/OR FMV
(14)	HNC SERVICES	Q	839,665	BASED ON GAAP, CASH, AND/OR FMV
(15)	IOWA HEALTH SYSTEM CONTRACTING SERVICES LC	Q	1,325,688	BASED ON GAAP, CASH, AND/OR FMV
(16)	IOWA HEALTH SYSTEM CONTRACTING SERVICES LC	S	395,417	BASED ON GAAP, CASH, AND/OR FMV
(17)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	B	79,456,989	BASED ON GAAP, CASH, AND/OR FMV
(18)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	D	26,000,000	BASED ON GAAP, CASH, AND/OR FMV
(19)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	J	1,486,399	BASED ON GAAP, CASH, AND/OR FMV
(20)	IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION	S	274,089	BASED ON GAAP, CASH, AND/OR FMV
(21)	MEDIMORE INC	B	119,369	BASED ON GAAP, CASH, AND/OR FMV
(22)	MERITER HEALTH ENTERPRISES INC	B	395,405	BASED ON GAAP, CASH, AND/OR FMV
(23)	MERITER HOSPITAL INC	A	8,328,809	BASED ON GAAP, CASH, AND/OR FMV
(24)	MERITER HOSPITAL INC	C	7,238,402	BASED ON GAAP, CASH, AND/OR FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	MERITER HOSPITAL INC	J	10,127,931	BASED ON GAAP, CASH, AND/OR FMV
(1)	MERITER HOSPITAL INC	L	571,363	BASED ON GAAP, CASH, AND/OR FMV
(2)	MERITER HOSPITAL INC	S	3,543,869	BASED ON GAAP, CASH, AND/OR FMV
(3)	MERITER MANAGEMENT SERVICES INC	B	73,631	BASED ON GAAP, CASH, AND/OR FMV
(4)	MERITER MEDICAL GROUP INC	B	1,368,145	BASED ON GAAP, CASH, AND/OR FMV
(5)	METHODIST MEDICAL CENTER OF ILLINOIS	A	407,260	BASED ON GAAP, CASH, AND/OR FMV
(6)	METHODIST MEDICAL CENTER OF ILLINOIS	J	163,095	BASED ON GAAP, CASH, AND/OR FMV
(7)	METHODIST MEDICAL CENTER OF ILLINOIS	L	607,655	BASED ON GAAP, CASH, AND/OR FMV
(8)	METHODIST MEDICAL CENTER OF ILLINOIS	N	77,970	BASED ON GAAP, CASH, AND/OR FMV
(9)	METHODIST MEDICAL CENTER OF ILLINOIS	S	2,367,452	BASED ON GAAP, CASH, AND/OR FMV
(10)	NORTHWEST IOWA HOSPITAL CORPORATION	A	2,581,141	BASED ON GAAP, CASH, AND/OR FMV
(11)	NORTHWEST IOWA HOSPITAL CORPORATION	J	821,933	BASED ON GAAP, CASH, AND/OR FMV
(12)	NORTHWEST IOWA HOSPITAL CORPORATION	L	206,126	BASED ON GAAP, CASH, AND/OR FMV
(13)	NORTHWEST IOWA HOSPITAL CORPORATION	S	1,330,458	BASED ON GAAP, CASH, AND/OR FMV
(14)	PHYSICIANS PLUS INSURANCE CORPORATION	Q	438,339	BASED ON GAAP, CASH, AND/OR FMV
(15)	PROCTOR HOSPITAL	C	84,660	BASED ON GAAP, CASH, AND/OR FMV
(16)	ST LUKE'S HEALTH SYSTEM INC	A	451,103	BASED ON GAAP, CASH, AND/OR FMV
(17)	ST LUKE'S METHODIST HOSPITAL	A	3,942,470	BASED ON GAAP, CASH, AND/OR FMV
(18)	ST LUKE'S METHODIST HOSPITAL	C	21,954,016	BASED ON GAAP, CASH, AND/OR FMV
(19)	ST LUKE'S METHODIST HOSPITAL	J	1,973,724	BASED ON GAAP, CASH, AND/OR FMV
(20)	ST LUKE'S METHODIST HOSPITAL	L	536,831	BASED ON GAAP, CASH, AND/OR FMV
(21)	ST LUKE'S METHODIST HOSPITAL	N	57,887	BASED ON GAAP, CASH, AND/OR FMV
(22)	ST LUKE'S METHODIST HOSPITAL	S	2,636,675	BASED ON GAAP, CASH, AND/OR FMV
(23)	STL CARE COMPANY	A	2,289	BASED ON GAAP, CASH, AND/OR FMV
(24)	THE FINLEY HOSPITAL	A	674,232	BASED ON GAAP, CASH, AND/OR FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	THE FINLEY HOSPITAL	J	552,522	BASED ON GAAP, CASH, AND/OR FMV
(1)	THE FINLEY HOSPITAL	L	129,674	BASED ON GAAP, CASH, AND/OR FMV
(2)	THE FINLEY HOSPITAL	S	840,459	BASED ON GAAP, CASH, AND/OR FMV
(3)	TRINITY MEDICAL CENTER	A	8,008,120	BASED ON GAAP, CASH, AND/OR FMV
(4)	TRINITY MEDICAL CENTER	C	19,882,569	BASED ON GAAP, CASH, AND/OR FMV
(5)	TRINITY MEDICAL CENTER	J	2,597,453	BASED ON GAAP, CASH, AND/OR FMV
(6)	TRINITY MEDICAL CENTER	L	554,536	BASED ON GAAP, CASH, AND/OR FMV
(7)	TRINITY MEDICAL CENTER	N	64,419	BASED ON GAAP, CASH, AND/OR FMV
(8)	TRINITY MEDICAL CENTER	S	2,251,663	BASED ON GAAP, CASH, AND/OR FMV
(9)	TRINITY REGIONAL MEDICAL CENTER	A	894,493	BASED ON GAAP, CASH, AND/OR FMV
(10)	TRINITY REGIONAL MEDICAL CENTER	J	405,841	BASED ON GAAP, CASH, AND/OR FMV
(11)	TRINITY REGIONAL MEDICAL CENTER	L	175,809	BASED ON GAAP, CASH, AND/OR FMV
(12)	TRINITY REGIONAL MEDICAL CENTER	S	809,722	BASED ON GAAP, CASH, AND/OR FMV
(13)	UNITY HEALTHCARE	A	835,562	BASED ON GAAP, CASH, AND/OR FMV
(14)	UNITYPOINT AT HOME	D	10,000,000	BASED ON GAAP, CASH, AND/OR FMV
(15)	UNITYPOINT AT HOME	J	1,716,383	BASED ON GAAP, CASH, AND/OR FMV
(16)	UNITYPOINT AT HOME	L	112,883	BASED ON GAAP, CASH, AND/OR FMV
(17)	UNITYPOINT AT HOME	S	83,314	BASED ON GAAP, CASH, AND/OR FMV