



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



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 07-01-2015, and ending 06-30-2016

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

C Name of organization
MERCY HEALTH SERVICES - IOWA CORP

Doing business as
SEE SCHEDULE O FOR LIST

Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 4TH STREET SW

City or town, state or province, country, and ZIP or foreign postal code
MASON CITY, IA 50401

F Name and address of principal officer
DAVID VELLINGA
1111 6TH AVENUE
DES MOINES,IA 50314

D Employer identification number

31-1373080

E Telephone number

(515) 643-5300

G Gross receipts \$ 711,498,975

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.TRINITY-HEALTH.ORG/IOWA

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1993 **M** State of legal domicile DE

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTHCARE AND HOSPITAL SERVICES				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5,990		
Revenue	6 Total number of volunteers (estimate if necessary)	6	513		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,100,952		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year		Current Year	
		3,808,722		4,359,500	
Expenses		661,183,514		659,260,674	
		10,851,691		-561,583	
		81,034,401		43,163,557	
		756,878,328		706,222,148	
		2,582,693		3,177,623	
Net Assets or Fund Balances	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)	305,037,333		320,917,451	
	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)	375,779,003		383,190,852	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	683,399,029		707,285,926	
	19 Revenue less expenses Subtract line 18 from line 12	73,479,299		-1,063,778	
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year		End of Year	
		692,061,905		664,736,075	
		295,404,928		280,892,360	
		396,656,977		383,843,715	

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

2017-05-12
Date

RODNEY SCHLADER REGIONAL CFO
Type or print name and title

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

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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

WE, MERCY HEALTH SERVICES-IOWA AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES MERCY HEALTH SERVICES-IOWA IS A MEMBER OF TRINITY HEALTH

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 \$ 664,015,997 including grants of \$ 3,177,623) (Revenue \$ 663,529,429)

MERCY HEALTH SERVICES-IOWA (MHS-IA) IS COMPRISED OF FOUR HOSPITAL DIVISIONS IN THE STATE OF IOWA THAT PROVIDED OVER 149,000 PATIENT DAYS OF HEALTHCARE SERVICES TO THEIR COMMUNITIES THROUGHOUT THE STATE OF IOWA AND SURROUNDING STATES PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS, AND AWARDS WWW.TRINITY-HEALTH.ORG/IOWA

4b

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

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 ▶ 664,015,997

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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 Yes	
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 Yes	
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	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	1,014	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	53	
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	5,990	
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 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	1a 10		
b Enter the number of voting members included in line 1a, above, who are independent	1b 7		
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	Yes	
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	Yes	
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	No
b Other officers or key employees of the organization	15b	No
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	No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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
 ► BETH GDOWIK 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-1000

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

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

[illegible]

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)	▶	3,825,450	18,764,991	1,396,665

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 ▶ 321			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
	MASON CITY CLINIC PC 250 S CRESCENT DRIVE MASON CITY, IA 50401	MEDICAL SERVICES	12,807,831
	HENKEL CONSTRUCTION COMPANY 208 E STATE STREET MASON CITY, IA 50402	CONSTRUCTION SERVICES	8,143,481
	UNITED CLINICAL LABORATORIES 205 BLUFF STREET DUBUQUE, IA 52001	LABORATORY SERVICES	7,502,771
	CONLON CONSTRUCTION PO BOX 3400 DUBUQUE, IA 52004	CONSTRUCTION SERVICES	3,669,931
	KRAUS-ANDERSON CONSTRUCTION CO 525 S EIGHT ST MINNEAPOLIS, MN 55404	CONSTRUCTION SERVICES	3,544,413
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 ▶ 106		

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	2,917,305				
	e	Government grants (contributions)	1e	679,787				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	762,408				
	g	Noncash contributions included in lines 1a-1f \$		1,780				
	h	Total. Add lines 1a-1f			4,359,500			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 622110	602,956,942	602,956,942			
	b	PHARMACY REVENUE	446110	53,856,045	23,480,406	30,375,639		
	c	LABORATORY REVENUE	621500	2,447,687		2,447,687		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			659,260,674			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,149,769			3,149,769
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real 1,478,098	(ii) Personal				
b		Less rental expenses	1,237,784					
c		Rental income or (loss)	240,314					
d		Net rental income or (loss)		240,314			240,314	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 327,691				
b		Less cost or other basis and sales expenses	3,712,286	326,757				
c		Gain or (loss)	-3,712,286	934				
d		Net gain or (loss)		-3,711,352			-3,711,352	
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		MANAGEMENT REVENUE	541618	3,777,189	2,375,275	1,401,914		
b	CAFETERIA REVENUE	722514	3,475,842			3,475,842		
c	GOV'T SUBSIDY-EHR	622110	954,723	954,723				
d	All other revenue		34,715,489	33,762,083	875,712	77,694		
e	Total. Add lines 11a-11d			42,923,243				
12	Total revenue. See Instructions			706,222,148	663,529,429	35,100,952	3,232,267	

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.	3,157,472	3,157,472		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	20,151	20,151		
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.	5,068,570	186,768	4,881,802	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	2,619,024	43,435	2,575,589	
7	Other salaries and wages.	256,931,706	240,825,106	16,106,600	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,514,147	9,056,363	457,784	
9	Other employee benefits.	29,165,585	26,956,071	2,209,514	
10	Payroll taxes.	17,618,419	16,094,663	1,523,756	
11	Fees for services (non-employees):				
a	Management.	2,165,346	1,978,073	187,273	
b	Legal.	425,030		425,030	
c	Accounting.	7,561		7,561	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	370,011		370,011	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	56,108,200	55,004,534	1,103,666	
12	Advertising and promotion.	2,085,309	1,904,958	180,351	
13	Office expenses.	10,648,560	9,727,603	920,957	
14	Information technology.	35,030,678	32,000,995	3,029,683	
15	Royalties.				
16	Occupancy.	12,541,313	11,456,489	1,084,824	
17	Travel.	1,175,523	1,073,856	101,667	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	214,459	195,911	18,548	
20	Interest.	6,654,639	6,654,639		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	38,278,825	34,968,221	3,310,604	
23	Insurance.	3,043,407	2,780,193	263,214	
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	MEDICAL SUPPLIES	143,455,689	143,455,689		
b	INTERCO PURCHASED SVCS	24,496,058	22,377,478	2,118,580	
c	BAD DEBT	16,232,703	16,232,703		
d	UBI TAXES	24,235		24,235	
e	All other expenses	30,233,306	27,864,626	2,368,680	
25	Total functional expenses. Add lines 1 through 24e.	707,285,926	664,015,997	43,269,929	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,013,938	1	4,731,541
	2	Savings and temporary cash investments		394,548	2	395,119
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		82,163,740	4	82,168,618
	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		2,828,348	7	2,471,252
	8	Inventories for sale or use		18,490,858	8	17,017,543
	9	Prepaid expenses and deferred charges		1,776,930	9	2,068,095
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 643,849,179			
	b	Less: accumulated depreciation	10b 413,828,093	224,239,683	10c	230,021,086
	11	Investments—publicly traded securities		148,749,966	11	132,934,523
	12	Investments—other securities. See Part IV, line 11		137,018,734	12	118,625,384
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		70,385,160	15	74,302,914
	16	Total assets. Add lines 1 through 15 (must equal line 34)		692,061,905	16	664,736,075
Liabilities	17	Accounts payable and accrued expenses		73,238,731	17	65,339,480
	18	Grants payable			18	
	19	Deferred revenue		252,570	19	1,445,068
	20	Tax-exempt bond liabilities			20	
	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		3,678,163	23	4,087,923
	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		218,235,464	25	210,019,889
	26	Total liabilities. Add lines 17 through 25		295,404,928	26	280,892,360
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		396,295,815	27	383,498,186
	28	Temporarily restricted net assets		336,162	28	320,529
	29	Permanently restricted net assets		25,000	29	25,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		396,656,977	33	383,843,715
	34	Total liabilities and net assets/fund balances		692,061,905	34	664,736,075

Part XI **Reconciliation 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	706,222,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	707,285,926
3	Revenue less expenses Subtract line 2 from line 1	3	-1,063,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	396,656,977
5	Net unrealized gains (losses) on investments	5	-7,622,605
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	-4,126,879
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	383,843,715

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

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			
DAVID VELLINGA DIRECTOR, REGIONAL PRESIDENT & CEO	1 00 54 00	X		X				0	0	0
MILTON AVERY CHAIR	1 00 1 00	X		X				0	0	0
MARY CORITA HEID RSM VICE CHAIR	1 00 1 00	X		X				0	0	0
MAURITA SOUKUP RSM DIRECTOR	1 00 1 00	X						0	0	0
JAMES CODDINGTON MD DIRECTOR, MERCY NI PHYSICIAN	49 00 1 00	X						164,772	0	21,990
LAMETTA WYNN DIRECTOR	1 00 1 00	X						0	0	0
MARK NIEMER MD DIRECTOR	1 00 1 00	X						0	0	0
MARTI RODAMAKER DIRECTOR	1 00 1 00	X						0	0	0
CLAYTON FITZHUGH DIRECTOR, TRINITY EVP CHRO	1 00 54 00	X						0	1,423,114	42,210
RALPH REEDER MD DIRECTOR	1 00 1 00	X						0	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			
RODNEY SCHLADER TREASURER, REGIONAL CFO	48 00 2 00			X				0	371,506	55,264
MARCIA SMITH SECRETARY, ASSOCIATE COUNSEL	44 00 1 00			X				0	304,349	34,225
JAMES FITZPATRICK PRESIDENT & CEO SIOUX CITY	53 00 2 00				X			0	774,578	53,265
DANIEL VARNUM CEO NORTH IOWA	55 00 0 00				X			0	661,883	45,266
RUSSELL KNIGHT CEO DUBUQUE THROUGH 9/15	54 00 1 00				X			0	617,972	29,574
PAUL MANTERNACH SVP PHYS INTEGRATION/CMO NORTH IOWA	50 00 0 00				X			0	432,114	38,772
DIANE FISCHELS VP COO NORTH IOWA	50 00 0 00				X			0	347,538	53,858
HUGH DEPAULIS VP FINANCE SIOUX CITY	46 00 4 00				X			0	256,882	33,571
KAY TAKES PRES DUBUQUE AT 10/15, VP PAT CARE	54 00 1 00				X			0	249,027	44,335
DANETTE ZOOK VP FINANCE NORTH IOWA	48 00 2 00				X			0	220,117	41,635

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			
ROBERT SHAFER CFO DUBUQUE THROUGH 8/15	50 00 0 00				X			0	163,387	52,947
ALIREZA YARAHMADI PHYSICIAN, NEUROLOGY NORTH IOWA	50 00 0 00					X		835,098	0	43,040
MARK HAGANMAN PHYSICIAN,FAMILY MEDICINE NORTH IA	50 00 0 00					X		668,223	0	58,819
JAMES P KARKOS PHYSICIAN, DERMATOLOGY NORTH IOWA	50 00 0 00					X		668,160	0	52,834
BRENT OWEN PHYSICIAN, FAMILY MEDICINE NORTH IA	50 00 0 00					X		593,776	0	38,204
STEPHEN THORN PHYSICIAN, OBGYN NORTH IOWA	50 00 0 00					X		589,761	0	58,139
MARIANNE CUNNINGHAM FORMER OFFICER, TRINITY VP DEBT	0 00 50 00						X	0	253,283	37,168
JAMES BOSSCHER FORMER OFFICER	0 00 0 00						X	0	113,714	1,137
KEDRICK ADKINS FORMER KEY EMPLOYEE	0 00 0 00						X	0	768,621	141
STEVEN EAVENSON FORMER KEY EMPLOYEE	0 00 0 00						X	0	222,329	21,155

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			
JUDITH PERSICILLI FORMER OFFICER	0 00 0 00						X	0	1,018,298	7,800
PAUL NEUMANN FORMER OFFICER, TRIN CHIEF LEGAL CNSL	0 00 55 00						X	0	1,232,000	41,886
JENNIFER BARNETT FORMER OFFICER	0 00 0 00						X	0	702,011	23,984
AGNES HAGERTY FORMER OFFICER, TRINITY DEP GEN CSL	0 00 50 00						X	0	844,356	55,579
BENJAMIN CARTER FORMER OFFICER, TRINITY HEALTH CFO	0 00 55 00						X	0	1,510,330	47,466
RICHARD GILFILLAN MD FORMER OFFICER, TRINITY PRES & CEO	0 00 55 00						X	0	2,711,447	45,401
RICHARD O'CONNELL FORMER KE, TRINITY EVP EAST GROUP	0 00 55 00						X	0	1,558,150	47,546
JEROME PIERSON MD FORMER KEY EMPLOYEE, MMC-SC PHYSICIAN	49 00 1 00						X	305,660	250,527	26,307
TERESA MOCK MD FORMER KE, SVP CCO AND CPHO N IOWA	50 00 0 00						X	0	366,687	44,427
LINDA KREI FORMER KEY EMP, VP CHRO SIOUX CITY	50 00 0 00						X	0	284,963	32,246

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number
31-1373080

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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						<input type="checkbox"/>

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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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 ► <input type="checkbox"/>						

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
b A family member of a person described in (a) above?	11b	
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	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>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.</i></div>		
<div>b</div> <div>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? <i>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.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

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) <input type="checkbox"/>		

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

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 MERCY HEALTH SERVICES - IOWA CORP	Employer identification number 31-1373080
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)		(b)
		Yes	No	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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		113,700
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,800
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			116,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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
PART II-B, LINE 1	MERCY HEALTH SERVICES - IOWA (MHS-IA) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MHS-IA WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. SIMILARLY, THESE HEALTH CARE ORGANIZATIONS WILL ARRANGE CONFERENCES AND SEMINARS FOR MEMBER ORGANIZATIONS AND THEIR EXECUTIVES WHICH INVOLVE LEGISLATORS OR OTHER POLITICAL FIGURES AS GUEST SPEAKERS. AS A CATHOLIC HEALTH MINISTRY, WE ARE CALLED BOTH TO SERVE AND TO TRANSFORM. WE SERVE PEOPLE AND COMMUNITIES IN NEED, ESPECIALLY THE POOR AND UNDERSERVED. WE ALSO SEEK TO TRANSFORM SYSTEMS OF CARE AND POLICIES TO CREATE JUSTICE FOR ALL. ADVOCACY AT OUR SYSTEM SUPPORTS BOTH OF THESE FOUNDATIONAL ELEMENTS OF OUR FAITH-BASED MISSION. WE ADVOCATE FOR PUBLIC POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COSTS TO ENSURE AFFORDABLE, HIGH QUALITY, PEOPLE-CENTERED CARE FOR ALL. OUR SYSTEM'S 2015 AND 2016 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDED: GOAL 1: ENACT POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COST-FURTHER PEOPLE-CENTERED 2020 -MEDICARE DELIVERY AND PAYMENT REFORM, INCLUDING MEDICARE SHARED SAVINGS PROGRAM (MSSP) & BUNDLED PAYMENT - "VALUE" NETWORKS (NARROW NETWORKS) -HEALTH INFORMATION TECHNOLOGY (HIT)/INTEROPERABILITY -STATE INNOVATION MODELS (SIM) -MEDICAID INNOVATION - BEHAVIORAL HEALTH -WORKFORCE, INCLUDING INTERSTATE COMPACT -TELEHEALTH - PALLIATIVE CARE. GOAL 2: SECURE COVERAGE EXPANSION -PROTECT RECENT MEDICAID EXPANSION -PUSH FOR MEDICAID EXPANSION IN STATES YET TO ACT -IMPROVE HEALTH INSURANCE EXCHANGE (HIX) ENROLLMENT, PLAN OVERSIGHT, AND OPERABILITY. GOAL 3: SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - PREVENT ARBITRARY MEDICARE & MEDICAID CUTS -PROTECT DISPROPORTIONATE SHARE PAYMENTS -ENACT POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE, AND LOWER COST -ENSURE MAXIMUM COVERAGE AND ACCESS, INCLUDING MEDICAID EXPANSION - SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - DRIVE QUALITY AND EFFICIENCY ACROSS THE CONTINUUM OF CARE WITH VALUE-BASED, SUSTAINABLE PAYMENT MODELS -BOLSTER OUR ADVOCACY VOICE THROUGH EFFECTIVE SYSTEM-WIDE ENGAGEMENT - LEAD THE WAY.

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
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number
31-1373080

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

3

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

4

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

5

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

☐ 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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	25,000	25,000	25,000	25,000	25,000
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	25,000	25,000	25,000	25,000	25,000

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 ▶ 100 000 %

c

Temporarily restricted endowment ▶ 0 %

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

3b

Yes

No

b

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

☐

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		10,328,607		10,328,607
b Buildings		395,319,563	251,214,473	144,105,090
c Leasehold improvements				
d Equipment		226,002,463	162,208,038	63,794,425
e Other		12,198,546	405,582	11,792,964
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				230,021,086

Schedule D (Form 990) 2015

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	

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 ENDOWMENT FUNDS OF MERCY HEALTH SERVICES - IOWA INCLUDE \$25,000 KNOWN AS THE VIANNA HOLSCHLAG SCHOLARSHIP FUND. INTEREST INCOME FROM THE FUND IS MADE AVAILABLE FOR NURSING SCHOLARSHIPS. PART V, LINE 3A. ENDOWMENTS HELD BY DUBUQUE MERCY HEALTH FOUNDATION AND DYERSVILLE HEALTH FOUNDATION FOR THE BENEFIT OF MERCY HEALTH SERVICES - IOWA ARE REPORTED ON THE FORM 990'S OF THE RESPECTIVE FOUNDATIONS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1373080
Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990, Schedule D, Part X, - Other Liabilities

¹ (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	6,147,187
DEFERRED COMPENSATION	8,781,944
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	4,163,619
INTERCOMPANY NOTES PAYABLE	189,468,003
ANNUITY PAYABLE	51,318
OTHER CURRENT LIABILITIES	880,007
INTERCOMPANY OTHER LIABILITIES	386,441
OTHER LONG-TERM LIABILITIES	141,370

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MERCY HEALTH SERVICES - IOWA CORP	Employer identification number 31-1373080
---	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	4	9,419	6,965,686		6,965,686	1 010 %
b Medicaid (from Worksheet 3, column a)	71	70,786	75,762,801	63,707,489	12,055,312	1 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	75	80,205	82,728,487	63,707,489	19,020,998	2 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	58	297,252	2,409,690	141,674	2,268,016	0 330 %
f Health professions education (from Worksheet 5)	11	793	3,926,547	895,620	3,030,927	0 440 %
g Subsidized health services (from Worksheet 6)	26	49,120	20,276,425	10,171,817	10,104,608	1 460 %
h Research (from Worksheet 7)	3	832	173,726	106,496	67,230	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	32	96,114	1,055,171	66,110	989,061	0 140 %
j Total. Other Benefits	130	444,111	27,841,559	11,381,717	16,459,842	2 380 %
k Total. Add lines 7d and 7j	205	524,316	110,570,046	75,089,206	35,480,840	5 130 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development	1	30	825	825	0 %
3	Community support	3	169	3,559	3,559	0 %
4	Environmental improvements	2	211	5,910	5,910	0 %
5	Leadership development and training for community members	1	203	20,982	20,982	0 %
6	Coalition building					
7	Community health improvement advocacy	1	94	2,621	2,621	0 %
8	Workforce development	1	206	6,119	6,119	0 %
9	Other					
10	Total	9	913	40,016	40,016	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

16,232,703

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

223,537,429

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

253,376,329

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-29,838,900

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 FOREST PARK IMAGING LLC	IMAGING SERVICES	52.890 %		47.110 %
2 2 MAGNETIC RESONANCE SERVICES PARTNERSHIP	MRI SERVICES	49.000 %		51.000 %
3 3 MASON CITY AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGICAL SERVICES	51.000 %		49.000 %
4 4 MERCY HEART CENTER OUTPATIENT SERVICES LLC	OUTPATIENT ECHOCARDIOGRAPHY AND NUCLEAR MEDICINE SERVICES	51.000 %		49.000 %
5 5 SURGICAL CENTER BUILDING ASSOCIATES LLC	OWNS AND LEASES SURGICAL CENTER BUILDING	35.000 %		65.000 %
6 6 SIOUXLAND SURGERY CENTER LLP (DBA DUNES SURGICAL HOSPITAL)	AMBULATORY SURGICAL SERVICES	30.940 %		44.460 %
7 7 HEALTH MANAGEMENT SERVICES LLC	AMBULATORY SURGICAL SVCS, OCCUPATIONAL HLTH SVCS AND PRIMARY CARE PHYS SVCS	50.000 %		50.000 %
8 8 NORTH IOWA COMMUNITY HEALTHCARE LLC	HEALTHCARE PROVIDERS AND MANAGEMENT SERVICES	20.500 %		41.000 %
9 9 PREFERRED HEALTH CHOICES LLC	MANAGEMENT SERVICES	50.000 %		50.000 %
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY MEDICAL CENTER-NORTH IOWA

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	7	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10b	No
12a	12a	No
12b	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEDICAL CENTER-NORTH IOWA

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)</div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)</div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW MERCYNORTHIOWA COM/BUSINESS-OFFICE b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW MERCYNORTHIOWA COM/BUSINESS-OFFICE c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW MERCYNORTHIOWA COM/BUSINESS-OFFICE d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)</div>	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div>a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</div>			

Part V

Facility Information (continued)

MERCY MEDICAL CENTER-NORTH IOWA

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY MEDICAL CENTER-SIOUX CITY

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEDICAL CENTER-SIOUX CITY

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW MERCYSIOUXCITY COM/FOR-PATIENTS b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW MERCYSIOUXCITY COM/FOR-PATIENTS c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW MERCYSIOUXCITY COM/FOR-PATIENTS d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

MERCY MEDICAL CENTER-SIOUX CITY

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY MEDICAL CENTER-DUBUQUE

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEDICAL CENTER-DUBUQUE

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)</div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)</div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> Other (describe in Section C)</div>	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div>a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</div>			

Part V

Facility Information (continued)

MERCY MEDICAL CENTER-DUBUQUE

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

DUNES SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	7 8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10 10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

DUNES SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url) DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div>e</div><div><input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

Part V

Facility Information (continued)

DUNES SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21		No
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY MEDICAL CENTER-NEW HAMPTON

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	No
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEDICAL CENTER-NEW HAMPTON

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW.MERCYNEWHAMPTON.COM/BILLING b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW.MERCYNEWHAMPTON.COM/BILLING c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW.MERCYNEWHAMPTON.COM/BILLING d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

MERCY MEDICAL CENTER-NEW HAMPTON

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY MEDICAL CENTER-DYERSVILLE

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEDICAL CENTER-DYERSVILLE

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW MERCYDUBUQUE COM/PATIENT-FINANCIAL-ASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW MERCYDUBUQUE COM/PATIENT-FINANCIAL-ASSISTANCE		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW MERCYDUBUQUE COM/PATIENT-FINANCIAL-ASSISTANCE		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

MERCY MEDICAL CENTER-DYERSVILLE

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 17

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI **Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS

Form and Line Reference	Explanation
PART I, LINE 6A	MERCY HEALTH SERVICES-IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW TRINITY-HEALTH ORG IN ADDITION, THE HOSPITAL DIVISIONS OF MHS-IA INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES TRINITY HEALTH ALSO INCLUDES MHS-IA'S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE

Form and Line Reference	Explanation
PART I, LINE 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEMS

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$16,232,703, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	MERCY MEDICAL CENTER-SIOUX CITY (MERCY SC) COMMUNITY SUPPORT MERCY SC CONTRIBUTED TO THE LOCAL FIRE DEPARTMENT FOR PURPOSES OF CONTINUOUS IMPROVEMENT AND PREPARATION FOR UNFORESEEN DISASTERS, SUCH AS A CHEMICAL SPILL ENVIRONMENTAL IMPROVEMENTS A DOWNTOWN GARDEN OF GREEN SPACE WAS DEVELOPED AND MERCY SC CONTRIBUTED FOR THE MAINTENANCE AND IMPROVEMENTS TO THE GARDEN ANNUALLY LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS MANY COLLEAGUES OF MERCY SC ARE INVOLVED IN COMMUNITY BOARDS THAT HELP DEVELOP LEADERSHIP SKILLS IN INDIVIDUALS IN OUR COMMUNITY, WHICH IS A GREAT BENEFIT TO THE REGION WORKFORCE DEVELOPMENT ATTENDING LOCAL SCHOOLS IN THE TRISTATE AREA TO GIVE THE STUDENTS AN OPPORTUNITY TO HAVE A CHANCE TO EXPERIENCE THE POSSIBILITY OF GOING INTO A HEALTH CARE CAREER MERCY SC (HUMAN RESOURCES) PARTNERED WITH NATIVE AMERICAN SCHOOLS IN WINNEBAGO, NEBRASKA ON PROJECT SEARCH THIS JOINT EFFORT ENABLED NATIVE AMERICANS TO PARTICIPATE IN A 5TH YEAR SENIOR JOB TRAINING PROGRAM, WITH GRADUATION THE PROGRAM IS WELL RECEIVED AND PRODUCED GREAT RESULTS FOR TRAINING AND HELPING YOUNG ADULTS BECOME EMPLOYABLE MERCY MEDICAL CENTER-NEW HAMPTON (MERCY NH) AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCY NH TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY SUPPORT OF AND CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS THE CHAMBER, NEW HORIZONS, AND THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCY NH'S CATCHMENT COUNTIES BY PROMOTING ECONOMIC DEVELOPMENT, MERCY NH HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT IN OUR REGION, MERCY NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA MERCY NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO MORE SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THE CONTAINERS MERCY NH PROVIDES SUPPORT AND EXPERTISE TO THE CHICKASAW CONNECTIONS THIS PARTNERSHIP INCLUDES ACTIVE INVOLVEMENT FROM ALL OF OUR FAMILY MEDICINE PHYSICIANS AND THE MARKETING DEPARTMENT IN THIS UNDERAGE DRINKING COALITION MERCY NH WORKS CLOSELY WITH NEW HAMPTON COMMUNITY SCHOOLS TO EDUCATE STUDENTS ABOUT HEALTH AND WELLNESS HANDWASHING LESSONS ARE TAUGHT TO ALL PRE-SCHOOL AND KINDERGARTEN CLASSES THOSE AGE GROUPS ALSO TOUR THE HOSPITAL TO BECOME COMFORTABLE WITH OUR ENVIRONMENT AND KNOW THAT THE HOSPITAL IS NOT A SCARY PLACE MERCY NH ALSO INVITES ALL 8TH GRADE STUDENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTHCARE CAREERS AVAILABLE TO THEM MERCY NH PARTNERED WITH CHICKASAW AMBULANCE SERVICE, CHICKASAW COUNTY RESCUE SQUAD/FIRST RESPONDERS AND MERCY AIR MED, TO HOST A COMMUNITY OPEN HOUSE FAMILIES ATTENDING WERE ABLE TO VIEW DEMONSTRATIONS, GET INFORMATION ON CAR SEAT USE FOR CHILDREN, TOUR THE ER, AND VIEW ALL THE EMERGENCY VEHICLES, INCLUDING THE MERCY AID MED HELICOPTER MERCY NH ALSO PROVIDED A FREE DINNER TO ALL THE VOLUNTEERS SERVING OUR EMS PROGRAMS IN CHICKASAW COUNTY

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS

Form and Line Reference	Explanation
PART III, LINE 3	MHS-IA USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED FOR FINANCIAL STATEMENT PURPOSES, MHS-IA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, MHS-IA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL

Form and Line Reference	Explanation
PART III, LINE 4	<p>MHS-IA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 15 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION</p>

Form and Line Reference	Explanation
PART III, LINE 8	<p>MHS-IA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES</p> <p>PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT</p>

Form and Line Reference	Explanation
PART III, LINE 9B	MHS-IA'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN EACH ORGANIZATION'S COLLECTION POLICY THE HOSPITALS HAVE IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY IN THE ASSESSMENT OF THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED MERCY NI AND MERCY NH EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS AND REPRESENTATIVES OF DEMOGRAPHIC GROUPS THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY IN PARTICULAR, OUR PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT NEEDS TASK FORCES ARE CREATED WHEN SPECIAL CONCERNS ARISE, A RECENT EXAMPLE BEING DENTAL ACCESS A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS MERCY SC AND DUNES STAFF ROUTINELY (MONTHLY) MEET WITH VARIOUS COMMUNITY AGENCIES, CHURCHES, AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO PARTNER WITH TO ADDRESS (1) ACCESS TO PRIMARY CARE, (2) EXERCISE AND NUTRITION FOR YOUTH, (3) ACCESS TO MENTAL HEALTH SERVICES, AND (4) SOCIAL DETERMINANTS OF HEALTH GENERAL POVERTY, HOMELESSNESS, EDUCATION AND HUNGER</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS ARE COMMITTED TO - PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE - BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MHS-IA HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS THE HOSPITALS COMMUNICATE EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT THE HOSPITALS OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS THE HOSPITALS HAVE ESTABLISHED WRITTEN POLICIES FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS THE HOSPITALS MAKE EVERY EFFORT TO ADHERE TO THEIR POLICIES AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICIES FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION - MERCY NI SERVES A 14-COUNTY AREA WITHIN A 70-MILE RADIUS STRETCHIN G IN EVERY DIRECTION FROM MASON CITY THE PRIMARY SERVICE AREA CONSISTS OF CERRO GORDO AND WORTH COUNTIES IN IOWA, WHILE THE SECONDARY SERVICE AREA IS COMPRISED OF AN ADDITIONAL 12 CONTIGUOUS COUNTIES IN IOWA (BUTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT) THE CURRENT CENSUS INFORMATION WAS REPORTED ON JULY 1, 2015 THE SERVICE AREA HAD AN ESTIMATED POPULATION OF 200,116 ACCORDIN G TO ESTIMATES ON THE UNITED STATES CENSUS BUREAU WEBSITE (HTTP //WWW CENSUS GOV/QUICKFACT S/) - OF SERVICE AREA RESIDENTS, 93 41% ARE CAUCASIAN HISPANICS, AT LESS THAN 3 96%, REPR ESENT THE AREA'S LARGEST MINORITY GROUP THE AVERAGE HOUSEHOLD INCOME REPORTED FROM 2010-2 014 WAS \$48,049 PERSONS LIVING IN POVERTY WAS 11 09%, UP 0 3% FROM THE PREVIOUS REPORT - THOSE UNDER 18 YEARS OF AGE COMPRISED 22 64% OF THE POPULATION, WHILE THOSE AGE 65 AND OLD ER WERE 20 85% INDIVIDUALS ON MEDICARE, WHO WERE HOSPITALIZED DURING 7/1/15 - 6/30/16 COU NTED FOR 47 83% OF ALL HOSPITAL ADMISSIONS - MEDIAN HOUSEHOLD INCOME OF CERRO GORDO COUNTY WAS \$45,012, AS COMPARED TO THE NATIONAL MEDIAN OF \$53,482 OF THE NATIONAL POPULATION, 1 3 5% LIVED IN POVERTY, COMPARED TO 12 2% IN IOWA - ACCORDING TO IOWA WORKFORCE DEVELOPMENT , UNEMPLOYMENT IS UP IN MERCY NI'S SERVICE AREA FROM OCTOBER 2015 - SEPTEMBER 2016, THE U NEMPLOYMENT RATE INCREASED FROM 2 99% TO 3 51%, YET REMAINS BELOW THE STATE'S UNEMPLOYMENT RATE OF 3 6% FOR THE TIME PERIOD THERE ARE 11 CRITICAL ACCESS HOSPITALS WITHIN MERCY NI' S SERVICE AREA PROVIDING PRIMARY HEALTH CARE SERVICES, EIGHT OF WHICH ARE AFFILIATES PATI ENTS FROM THE REMAINING IOWA COUNTIES UTILIZE MERCY NI FOR TERTIARY LEVEL CARE THE UNIVER SITY OF IOWA HOSPITALS IN IOWA CITY AND MAYO CLINIC IN ROCHESTER, MINNESOTA ALSO PROVIDE T ERTIARY CARE FOR THIS AREA MERCY NI'S MARKET SHARE FOR THE 14-COUNTY SERVICE AREA IN CALE NDAR YEAR 2015 WAS 48 13% AS REPORTED BY IOWA HOSPITAL ASSOCIATION DATA MERCY DUB AND MERC Y DYR'S PRIMARY SERVICE AREA IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MED ICALLY UNDERSERVED AREA THIS DEFINITION OF THE COMMUNITY IS BASED ON THE RESIDENCE OF THE HOSPITALS' PATIENTS IN CALENDAR YEAR 2014, 61 6% OF MERCY DUB'S INPATIENT CASES AND 75 2 % OF MERCY DUB'S EMERGENCY DEPARTMENT CASES WERE FOR DUBUQUE COUNTY RESIDENTS, WHILE 93 8% OF MERCY DYR'S INPATIENT CASES AND 77 7% OF MERCY DYR'S EMERGENCY DEPARTMENT CASES WERE F OR DUBUQUE COUNTY RESIDENTS BEYOND DUBUQUE COUNTY, RESIDENTS USE OF THE HOSPITAL IS MORE SCATTERED IN 2014, FOR EXAMPLE, MERCY DUB AND MERCY DYR DISCHARGED INPATIENTS WHO RESIDED IN 18 DIFFERENT STATES DUBUQUE COUNTY'S POPULATION IN 2012 WAS 95,097 THE POPULATION GRE W ABOUT 5% BETWEEN 2000 AND 2010 OF THE POPULATION, 73% IS URBAN AND 27% IS RURAL IT HAS AN AVERAGE POPULATION DENSITY OF 156 PEOPLE PER SQUARE MILE IN MARCH 2012, THE COST OF L IVING INDEX FOR DUBUQUE COUNTY WAS 86 8, COMPARED TO THE US AVERAGE OF 100 WHITE NON-HISP ANIC PEOPLE COMPRISE 92 9% OF THE POPULATION, BLACK NON-HISPANICS 2 6%, HISPANIC OR LATINO 1 9%, TWO OR MORE RACES 1 2%, AND ASIAN 0 9% THE MEDIAN RESIDENT AGE IS 38 0 YEARS, THE SAME AS IOWA'S IN ADDITION TO MERCY DUB AND MERCY DYR, UNITYPOINT HEALTH FINLEY HOSPITAL IS THE THIRD HOSPITAL LOCATED IN DUBUQUE COUNTY MERCY SC AND DUNES SIOUX CITY, IOWA SERVES AS THE REGIONAL HUB FOR BUSINESS, EMPLOYMENT, INDUSTRY, RETAIL TRADE, MEDICAL CARE, AND E DUCATIONAL OPPORTUNITIES SIX COUNTIES IN THE TRI-STATE AREA OF NORTHWESTERN IOWA, NORTHEA STERN NEBRASKA, AND SOUTHWESTERN SOUTH DAKOTA ARE INCLUDED IN THE SIOUXLAND COMMUNITY HEAL TH NEEDS ASSESSMENT INDIVIDUALS RESIDING IN THESE COUNTIES LIVE WITHIN A 40-MILE RADIUS O F SIOUX CITY THE AREA INCLUDES THE IOWA COUNTIES OF WOODBURY AND PLYMOUTH, THE NEBRASKA C OUNTIES OF DAKOTA, DIXON, AND THURSTON, AND THE SOUTH DAKOTA COUNTY OF UNION THE TOTAL AR EA FOR THESE COUNTIES IS 3,354 SQUARE MILES, WITH WOODBURY AND PLYMOUTH REPRESENTING 52% O F THE TOTAL AREA THE SIOUXLAND REGION HAS A TOTAL CURRENT POPULATION OF 177,740 WITH AN E STIMATED 1% INCREASE BY 2020 ABOUT 22% OF THE POPULATION IS UNDER THE AGE OF 14 YEARS AND 15% OF THE POPULATION IS OVER THE AGE OF 65 YEARS THE RACE/ETHNICITY DISTRIBUTION IN THE AREA IS 76% WHITE, 15% HISPANIC, 2% BLACK, 2% ASIAN, AND 5% OTHER IN THE AREA, 50% OF THE HOUSEHOLDS ARE IN AN ANNUAL INCOME GROUP OF LESS THAN \$50K THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES THE AUGUST 2015 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION - WOODBURY, PLYMOUTH, AND DAKOTA - WAS 3 5%, 2 5%, AND 3 9% RESPECTIVELY THE UNEM PLOYMENT RATE FOR THURSTON COUNTY, WITH A POPULATION OF APPROXIMATELY 7,000, HAS RISEN TO 6 0% WOODBURY COUNTY HAS A POPULATION OF 104,080, WHICH REPRESENTS 59% OF THE SIOUXLAND R EGIONAL TOTAL THE COMMUNITY RESIDENTS OF SIOUX CI</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>TY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION PLYMOUTH COUNTY HAS A POPULATION OF 23,085, OR 13% OF THE SIOUXLAND REGIONAL TOTAL THE LARGEST COMMUNITY IN THE COUNTY IS LEMARS WITH A POPULATION OF 12,600 AT 12% OF THE REGIONAL POPULATION , DAKOTA COUNTY HAS A POPULATION OF 21,660 SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENT 84% OF THE COUNTY POPULATION UNION COUNTY HAS A POPULATION OF 16,200 WHICH REPRESENTS 9% OF THE REGIONAL TOTAL NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENT 40% OF THE COUNTY POPULATION THE TOTAL RESIDENTS IN THE COMMUNITIES OF SIOUX CITY, SERGEANT BLUFF, LEMARS, SOUTH SIOUX CITY, DAKOTA CITY, NORTH SIOUX CITY, AND DAKOTA DUNES TOTAL 128,800 COMPLETING THE SIX-COUNTY AREA IS THURSTON COUNTY WITH A POPULATION OF 6,860 AND DIXON COUNTY WITH A POPULATION OF 5,860 REPRESENTING 7% OF THE REGIONAL TOTAL MERCY NH SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA THE ESTIMATED POPULATION OF THIS AREA IS 13,500 ACCORDING TO THE U S CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,097 IN 2015 CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 2.7% PERCENT DECLINE IN POPULATION FROM 2010 TO 2015 THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY IN THE AREA OF THE CHICKASAW POPULATION, 19.4% WERE OVER AGE 65 IN 2015, COMPARED TO 16.1% FOR THE STATE AND 14.9% FOR THE NATION IOWA RANKS FOURTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65 THIS LARGE PERCENTAGE FOR THIS AGE GROUP PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS, BECAUSE THIS AGE GROUP HAS THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES AND, CORRESPONDINGLY, ARE THE BIGGEST USERS OF HEALTH CARE SERVICES IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS FOR FISCAL YEAR 2016, 50.4% OF MERCY NH'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT \$46,020 IN 2014 INDIVIDUALS BELOW THE POVERTY LEVEL COMPRISE 9.8% OF THE POPULATION THE FISCAL YEAR 2016 PAYER MIX AT POINT OF REGISTRATION INCLUDES 47% COVERED BY MEDICARE, 11% COVERED BY MEDICAID AND 4% SELF-PAY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>OTHER INFORMATION - MERCY NI HAS BEEN PROVIDING MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES MERCY NI HAS TO OFFER AS A MAJOR REFERRAL CENTER. MERCY NI EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS IN ORDER TO BEST MEET THE NEEDS OF THOSE WHO LIVE IN NORTH IOWA COMMUNITIES. MERCY NI IS INTENTIONAL IN DEVELOPING TRIPLE AIM ACCOUNTABLE CARE ORGANIZATION (ACO) RELATIONSHIPS, COLLABORATING WITH COMMUNITY HEALTH PROVIDERS AND SOCIAL SERVICE AGENCIES IN CREATING SYSTEM OF CARE COORDINATION PROCESSES. THERE ARE NEARLY 100 PROFESSIONALS REPRESENTING ALL ASPECTS OF HEALTHCARE IN OUR 14-COUNTY SERVICE AREA PARTICIPATING IN TRANSITIONS OF CARE. ITS PURPOSE IS TO IMPROVE COMMUNICATION AND PROCESSES IN ORDER TO IMPROVE QUALITY AND SAFETY OF TRANSITIONS BETWEEN FACILITIES. A GRANT FROM THE IOWA DEPARTMENT OF PUBLIC HEALTH WAS RECEIVED TO EXTEND COMMUNITY CARE COORDINATION PROGRAM IMPLEMENTATION EFFORTS FOCUSED ON THE SAFETY NET POPULATION AS A TEACHING HOSPITAL, MERCY NI HOSTS A 3-YEAR FAMILY PRACTICE RESIDENCY PROGRAM, PHARMACY RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. THE HOSPITAL SERVES AS A CLINICAL SITE FOR STUDENTS STUDYING TO BECOME PHYSICIANS, NURSES, PARAMEDICS, PHARMACISTS, MEDICAL ASSISTANTS AND OTHER ALLIED HEALTH PROFESSIONALS. IN ADDITION, THE MEDICAL CENTER MANAGES AN ADULT DAY CARE CENTER AND SUPPORTS HOMELESS SHELTERS FOR MEN AND WOMEN IN COLLABORATION WITH OTHER NON-PROFIT ORGANIZATIONS AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART AND VASCULAR INSTITUTE, CANCER CENTER, DIABETES CENTER, STROKE CENTER, BARIATRIC CENTER, LEVEL II BIRTH CENTER AND A LEVEL II EMERGENCY CENTER. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY BECAUSE OF THE NEED BY INDIGENT ADULTS FOR DENTAL CARE, MERCY NI PROVIDES A SUITE WITH TWO FULLY FURNISHED OPERATORIES TO ACCOMMODATE EMERGENT DENTAL NEEDS. HALF-DAY CLINICS ARE MANNED BY AREA DENTISTS AND DENTAL ASSISTANTS VOLUNTEERING THEIR TIME AND SKILLS PARTNERSHIP FOR A TOBACCO FREE CERRO GORDO COUNTY IS A COALITION OF COMMUNITY PARTNERS AND PUBLIC HEALTH THAT FOCUSED ON COMMUNITY GOALS TARGETING TOBACCO USE AND OBESITY. MERCY NI PROVIDED OVER THE COUNTER NICOTINE REPLACEMENT THERAPY (NRT) FOR THOSE WITH INCOME LIMITATIONS, PURCHASED SMOKE FREE SIGNS FOR CITY PARKS AND CESSATION BOOKLETS FOR DISTRIBUTION THROUGHOUT OUR WHOLLY OWNED CLINIC NETWORK. MERCY NI ALSO COLLABORATED WITH STATE ADVOCACY REPRESENTATIVES AND OTHER HEALTH MINISTRIES TO INTRODUCE TOBACCO 21 LEGISLATION, WHICH ADVOCATES INCREASING THE LEGAL AGE TO PURCHASE TOBACCO FROM 18 TO 21. MERCY NI BEGAN THE BABY FRIENDLY JOURNEY AND HAS ACCOMPLISHED SEVERAL STEPS IN THE IMPLEMENTATION PROCESS. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. MERCY NI AND ITS VENDORS MADE IMPROVEMENTS TO VENDING ASSORTMENTS THAT INCLUDE HEALTHIER OPTIONS, SUCH AS BOTTLED WATER, AND REPLACED TRADITIONAL POTATO CHIPS WITH HEALTHIER BAKED OPTIONS, AND REPLACED CANDY OPTIONS WITH GRANOLA BARS, BELVITA CRISPS, CLIFF BARS, AND ASSORTED FRUIT SNACKS. IN FISCAL YEAR 2016, MERCY NI FORMED A NEW PARTNERSHIP WITH THE NORTH IOWA FARMERS' MARKET TO ENCOURAGE THE COMMUNITY TO EAT HEALTHY, LOCALLY-GROWN FRUITS AND VEGETABLES AND PROVIDED MARKETING SUPPORT FOR THE FARMERS' MARKET. MERCY NI HELD SEVERAL EDUCATION AND HEALTH SCREENING EVENTS DURING MARKET HOURS, INCLUDING NUTRITION EDUCATION AND PERIPHERAL ARTERY DISEASE AND BLOOD PRESSURE SCREENING. MERCY NI FURTHER INVESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY PROVIDING - PRE-DIABETES CLASSES AND SUPPORT GROUP MEETINGS AT NO CHARGE - SUPPORT FOR TRANSPORTATION TO ELIMINATE BARRIERS TO HEALTHCARE- COLLABORATION TO SUPPORT A SELF-SUFFICIENCY PROGRAM- MERCY FAMILY HEALTH LINE, A 24-HOUR/7-DAY A WEEK TELEPHONE MEDICAL TRIAGE AND INFORMATION SERVICE- PARTICIPATION OF THE HOSPITAL KITCHEN IN PREPARATION OF MEALS ON WHEELS- FIVE HEALTH CAREER SCHOLARSHIPS GIVEN ANNUALLY TO COMMUNITY RECIPIENTS. THE HOSPITAL VOLUNTEER AUXILIARY MERCY DUB AND MERCY DYN ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCY DUB ALSO PROVIDES SEVERAL SERVICES THAT ARE UNIQUE TO THE COMMUNITY, INCLUDING OPEN HEART SURGERY, NEONATAL INTENSIVE CARE AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES. MERCY SC HAS EARNED MORE NATIONAL RECOGNITION FOR QUALITY PATIENT OUTCOMES THAN ANY OTHER HOSPITAL IN THE REGION. THE MEDICAL CENTER HAS EARNED MULTIPLE HONORS FOR ITS LEADERSHIP AND EXCELLENCE IN SEVERAL CLINICAL AREAS, INCLUDING CARDIAC CARE, ORTHOPEDIC SERVICES, VASCULAR SURGERY, STROKE CARE AND CANCER CARE. MERCY SC IS HOME TO THE ONLY LEVEL II TRAUMA CENTER.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>IN WESTERN IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA MERCY AIR CARE, THE HOSPITAL'S HELICOPTER AMBULANCE SERVICE MERCY SC IS INVOLVED IN A NUMBER OF COMMUNITY VENTURES AND SUPPORTS THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENC Y) WE ALSO WORK CLOSELY WITH WINNEBAGO INDIAN HEALTH SERVICES TO CLOSE HEALTH OUTCOMES DI SPARITIES IN ADDITION, MERCY SC COLLABORATES WITH ST LUKE'S COLLEGE OF NURSING, WITCC SC HOOL OF NURSING AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING MERCY SC IS SHIFTING FOCUS AN D COMMITTING RESOURCES TO PEOPLE-CENTERED HEALTH CARE MERCY SC HAS RECEIVED BLUE ZONE DIS TINATION AS AN EMPLOYER AND IS WORKING TO ASSIST OTHERS TO RECEIVE THIS RIVERSIDE ELEMENT ARY IS ON SCHEDULE TO RECEIVE THIS DISTINCTION, IN PART DUE TO MERCY SC'S SUPPORT OF EXERC ISE EQUIPMENT FOR STUDENTS AND PLUMBING TO SUPPORT A COMMUNITY GARDEN</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U S SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 31-1373080
Name: MERCY HEALTH SERVICES - IOWA CORP

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MERCY MEDICAL CENTER-NORTH IOWA 1000 FOURTH STREET SW MASON CITY,IA 50401 WWW.MERCYNORTHIOWA.COM 170023H	X	X		X		X	X			
2	MERCY MEDICAL CENTER-DUBUQUE 250 MERCY DRIVE DUBUQUE,IA 52001 WWW.MERCYDUBUQUE.COM 310003H	X	X					X		REHAB,LAB,PHARM, X-RAY,HOME CARE	
3	MERCY MEDICAL CENTER-SIOUX CITY 801 FIFTH STREET SIOUX CITY,IA 51102 WWW.MERCYSIOUXCITY.COM 970112H	X	X					X		EMPLOYED PHYSICIANS, SKILLED CARE UNIT	
4	MERCY MEDICAL CENTER-NEW HAMPTON 308 NORTH MAPLE AVE NEW HAMPTON,IA 50659 WWW.MERCYNEWHAMPTON.COM 190022H	X				X		X		EMPLOYED PHYSICIANS	
5	DUNES SURGICAL HOSPITAL 600 N SIOUX POINT ROAD DAKOTA DUNES,SD 57049 WWW.DUNESSURGICALHOSPITAL.COM 10580	X	X								
6	MERCY MEDICAL CENTER-DYERSVILLE 1111 THIRD STREET SW DYERSVILLE,IA 52040 WWW.MERCYDUBUQUE.COM/MERCY-DYERSVILLE 310181H	X	X			X		X		REHAB,LAB,PHARM, X-RAY,HOME CARE	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA	PART V, SECTION B, LINE 5 DURING THE 2013 CHNA ASSESSMENT PERIOD, MERCY MEDICAL CENTER-NORTH IOWA (MERCY NI) USED TRAINED FACILITATORS TO LEAD FOCUS GROUPS AT THE FOLLOWING LOCATIONS HISPANIC COMMUNITY-LA LUZ HISPANA, HAMPTON, IA, COMMUNITY KITCHEN, SERVING FOOD TO THOSE WHO ARE LOW-INCOME, ELDERLY, FAMILIES WITH LIMITED RESOURCES, THE WORKING POOR, THOSE WITH MENTAL OR PHYSICAL CHALLENGES, AND PEOPLE WHO ARE LONELY, DISENFRANCHISED, OR NEED THE HOSPITALITY THE FACILITY PROVIDES IN NORTH CENTRAL IOWA, AND THE MASON CITY SENIOR CITIZENS CENTER A UNIVERSITY OF DES MOINES PUBLIC HEALTH CONSULTANT-LED SURVEY WAS USED FOR FIVE PUBLICIZED COMMUNITY LISTENING GROUPS HELD DURING THE DATA COLLECTION TIME PERIOD A QUESTIONNAIRE SURVEY WAS EMAILED TO THE STAFF OF THE LARGEST EMPLOYER IN NORTH IOWA AS WELL AS TO AREA SOCIAL SERVICE AGENCIES AND TO A MINISTERIAL CONSORTIUM INPUT FROM THE COMMUNITY BENEFIT TASK FORCE REPRESENTED HOSPITAL STAFF WHO DIRECTLY TOUCH THE UNINSURED AND UNDERINSURED POPULATION (FINANCIAL AND MEDICATION ASSISTANCE, PHARMACISTS, CASE MANAGEMENT, HISPANIC CLINIC, BEHAVIORAL HEALTH, COMMUNITY CARE COORDINATION PROGRAM (IOWA SAFETY NET FUNDED) ETC) AS WELL AS REPRESENTATIVES OF COMMUNITY HUMAN SERVICE AGENCIES (PUBLIC HEALTH, COMMUNITY ACTION, SALVATION ARMY, HOMELESS SHELTERS, CRISIS INTERVENTION, CERRO GORDO COUNTY FREE CLINIC (NON-MERCY), ETC), SCHOOL SYSTEMS, MINISTERIAL, RETIRED MILITARY, AND RETIRED HOSPITAL ADMINISTRATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 5 IN 2015 DUNES SURGICAL HOSPITAL (DUNES), MERCY MEDICAL CENTER-SIOUX CITY (MERCY SC), SIOUXLAND DISTRICT HEALTH DEPARTMENT (SDHD), AND UNITYPOINT HEALTH - ST LUKE'S PARTNERED TOGETHER TO COMPLETE THE FIRST EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA PRIOR TO 2015 SDHD HAD SUBMITTED THEIR OWN CHNA IN 2011, WHILE UNITYPOINT HEALTH - ST LUKE'S AND MERCY SC SUBMITTED A JOINT ASSESSMENT IN 2013 THE AFFORDABLE CARE ACT AND THE HEALTH CARE EDUCATION AFFORDABILITY RECONCILIATION ACT, BOTH ENACTED IN MARCH 2010, MANDATE TAX-EXEMPT HOSPITAL ORGANIZATIONS TO CONDUCT A CHNA EVERY THREE YEARS, BEGINNING IN 2011 THE YEAR-LONG PROCESS INCLUDED COLLABORATION FROM REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM SEVERAL COMMUNITY PARTNERS BEGINNING IN EARLY 2015 PRIMARY AND SECONDARY DATA WAS COLLECTED THROUGH SEVERAL SOURCES, AND ANALYZED BY THE CHNA PLANNING COMMITTEE A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2015, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED EARLY 2016 THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY -UNION, SD-DAKOTA, DIXON, AND THURSTON, NE-PLYMOUTH AND WOODBURY, IA

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER- DUBUQUE	<p>PART V, SECTION B, LINE 5 INPUT FROM THE COMMUNITY WAS GATHERED THROUGH THE FOLLOWING THE INVOLVEMENT OF THE CHNA STEERING COMMITTEE MEMBERS AND THE PROMOTING HEALTH BEHAVIORS TASK FORCE, A SURVEY, AND THREE PUBLIC INPUT SESSIONS THE CHNA STEERING COMMITTEE MET MULTIPLE TIMES, APPROXIMATELY MONTHLY FROM SEPTEMBER 2014 THROUGH MAY 2015 THE PROMOTING HEALTHY BEHAVIORS TASK FORCE MET IN DECEMBER 2014, FEBRUARY 2015, AND MARCH 2015 ORGANIZATIONS PARTICIPATING ON THESE COMMITTEES REPRESENTED BROAD INTERESTS OF THE COMMUNITY, INCLUDING RACIAL AND ETHNIC MINORITIES, A VARIETY OF AGE AND INCOME GROUPS, AND PEOPLE WITH SPECIFIC HEALTH CARE ISSUES - MERCY MEDICAL CENTER-DYERSVILLE- CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- UNITYPOINT HEALTH- FINLEY HOSPITAL- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- CITY OF ASBURY CITY PARKS ALL OF THESE ORGANIZATIONS PARTICIPATED IN DEVELOPMENT OF THE PROCESS, ANALYSIS OF DATA, CONTRIBUTION OF ADDITIONAL DATA, IDENTIFICATION OF NEEDS, PRIORITIZATION OF NEEDS, AND STRATEGY DEVELOPMENT MANY OF THEM SERVE POPULATIONS AT RISK IN THE COMMUNITY, INCLUDING LOW INCOME AND MINORITY POPULATIONS, AND SPOKE OF THEIR NEEDS THE PROCESS VARIED BY ORGANIZATION, BUT MANY OF THESE TASK FORCE MEMBERS TOOK THE INFORMATION BACK TO THEIR ORGANIZATIONS, DISCUSSED IT, AND RETURNED WITH ADDITIONAL INPUT OR IDEAS THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS FIELDIED BETWEEN DECEMBER 2014 AND MARCH 2015 THE SURVEY'S BASIC RACIAL/ETHNIC DEMOGRAPHICS ARE REASONABLY REPRESENTATIVE OF THE COMMUNITY AT LARGE THE SURVEY RESPONDENTS WERE 95 1% WHITE, NON-HISPANIC, COMPARED TO 92 9% FOR DUBUQUE COUNTY IN 2012 TO ACCOMMODATE LOW-INCOME HOUSEHOLDS THAT LACKED ACCESS TO THE INTERNET, SOME PAPER VERSIONS OF THE SURVEY WERE MADE AVAILABLE AS NOTED IN THE SURVEY FINDINGS, THERE WERE OCCASIONAL DIFFERENCES IN THE OPINIONS OF WHITE NON-HISPANIC COMPARED TO OTHER SURVEY RESPONDENTS THE THIRD WAY OF SOLICITING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WERE THE THREE PUBLIC INPUT SESSIONS CONDUCTED IN LATE APRIL AND EARLY MAY 2015 TO ACCOMMODATE WORK SCHEDULES AND TO ENCOURAGE DIVERSITY AMONG THOSE ATTENDING, THE SESSIONS OCCURRED ON DIFFERENT DAYS, IN DIFFERENT LOCATIONS, AND AT DIFFERENT TIMES OF DAY THE CITY OF DUBUQUE, ONE OF THE PARTNERS IN THIS ASSESSMENT PROJECT, HAS BEEN USING AN INFORMAL "COMMUNITY CAFE" FORMAT FOR INCREASING COMMUNITY ENGAGEMENT IN A VARIETY OF COMMUNITY PROJECTS BASED ON THEIR SUCCESS AND THE FAMILIARITY OF THE COMMUNITY WITH THIS CONCEPT, WE CHOSE TO EMPLOY IT FOR THE CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 5 IN 2015 DUNES, MERCY SC, SDHD, AND UNITYPOINT HEALTH - ST LUKE'S PARTNERED TOGETHER TO COMPLETE THE FIRST EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA PRIOR TO 2015 SDHD HAD SUBMITTED THEIR OWN CHNA IN 2011, WHILE UNITYPOINT HEALTH - ST LUKE'S AND MERCY SC SUBMITTED A JOINT ASSESSMENT IN 2013 THE AFFORDABLE CARE ACT AND THE HEALTH CARE EDUCATION AFFORDABILITY RECONCILIATION ACT, BOTH ENACTED IN MARCH 2010, MANDATE TAX-EXEMPT HOSPITAL ORGANIZATIONS TO CONDUCT A CHNA EVERY THREE YEARS, BEGINNING IN 2011 THE YEAR-LONG PROCESS INCLUDED COLLABORATION FROM REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM SEVERAL COMMUNITY PARTNERS BEGINNING IN EARLY 2015 PRIMARY AND SECONDARY DATA WAS COLLECTED THROUGH SEVERAL SOURCES, AND ANALYZED BY THE CHNA PLANNING COMMITTEE A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2015, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED EARLY 2016 THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY -UNION, SD-DAKOTA, DIXON, AND THURSTON, NE-PLYMOUTH AND WOODBURY, IA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON	PART V, SECTION B, LINE 5 THE ASSESSMENT PROCESS WAS INITIATED BY MERCY MEDICAL CENTER-NEW HAMPTON (MERCY NH) A PLANNING TEAM WAS FORMED CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS FACILITATED BY AN OUTSIDE CONSULTANT, THREE SEPARATE DISCUSSION GROUPS WERE HELD LOCALLY IN DECEMBER 2015 THE GROUPS REPRESENTED VARYING SECTORS IN THE COMMUNITY (1) SOCIAL SERVICE PARTNERS, (2) PATIENTS, AND (3) COMMUNITY/BUSINESS REPRESENTATIVES THERE WAS A 72% RESPONSE TO INVITATIONS TO PARTICIPATE THE PATIENT GROUP WAS PULLED RANDOMLY FROM A PATIENT LISTING OVER THE PRECEDING SIX MONTHS, SOCIAL SERVICE PARTNERS WERE A CROSS-SECTION OF THE AGENCIES MERCY NH WORKS CLOSELY WITH, AND COMMUNITY LEADERS/BUSINESS OWNERS WERE SELECTED FOR THEIR KNOWLEDGE OF THE COMMUNITY SEVEN PARTICIPANTS WERE FROM OUTSIDE NEW HAMPTON (FREDERICKSBURG, LAWLER AND ALTA VISTA), ALL OTHERS WERE FROM NEW HAMPTON THE OUTSIDE CONSULTANT COLLATED AND ANALYZED THE FOCUS GROUP RESULTS WITH SUPPORT FROM MERCY NH'S PLANNING & MARKETING TEAM IN MASON CITY MERCY NH ALSO USED OTHER MECHANISMS TO GATHER COMMUNITY INPUT ON SERVICES SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, THE IOWA HOSPITAL ASSOCIATION, THE ADVISORY BOARD AND THE DEPARTMENT OF HEALTH & HUMAN SERVICES MERCY NH WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING LOW INCOME/UNDERSERVED (SALVATION ARMY, PUBLIC HEALTH AND HERITAGE RESIDENCE REPRESENTATIVES), CHRONIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH AND HOSPICE REPRESENTATIVES), AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY FAMILY)

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER- DYERSVILLE	<p>PART V, SECTION B, LINE 5 INPUT FROM THE COMMUNITY WAS GATHERED THROUGH THE FOLLOWING THE INVOLVEMENT OF THE CHNA STEERING COMMITTEE MEMBERS AND THE PROMOTING HEALTH BEHAVIORS TASK FORCE, A SURVEY, AND THREE PUBLIC INPUT SESSIONS THE CHNA STEERING COMMITTEE MET MULTIPLE TIMES, APPROXIMATELY MONTHLY FROM SEPTEMBER 2014 THROUGH MAY 2015 THE PROMOTING HEALTHY BEHAVIORS TASK FORCE MET IN DECEMBER 2014, FEBRUARY 2015, AND MARCH 2015 ORGANIZATIONS PARTICIPATING ON THESE COMMITTEES REPRESENTED BROAD INTERESTS OF THE COMMUNITY, INCLUDING RACIAL AND ETHNIC MINORITIES, A VARIETY OF AGE AND INCOME GROUPS, AND PEOPLE WITH SPECIFIC HEALTH CARE ISSUES - MERCY MEDICAL CENTER-DUBUQUE- CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- UNITYPOINT HEALTH- FINLEY HOSPITAL- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- CITY OF ASBURY CITY PARKS ALL OF THESE ORGANIZATIONS PARTICIPATED IN DEVELOPMENT OF THE PROCESS, ANALYSIS OF DATA, CONTRIBUTION OF ADDITIONAL DATA, IDENTIFICATION OF NEEDS, PRIORITIZATION OF NEEDS, AND STRATEGY DEVELOPMENT MANY OF THEM SERVE POPULATIONS AT RISK IN THE COMMUNITY, INCLUDING LOW INCOME AND MINORITY POPULATIONS, AND SPOKE OF THEIR NEEDS THE PROCESS VARIED BY ORGANIZATION, BUT MANY OF THESE TASK FORCE MEMBERS TOOK THE INFORMATION BACK TO THEIR ORGANIZATIONS, DISCUSSED IT, AND RETURNED WITH ADDITIONAL INPUT OR IDEAS THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS FIELDIED BETWEEN DECEMBER 2014 AND MARCH 2015 THE SURVEY'S BASIC RACIAL/ETHNIC DEMOGRAPHICS ARE REASONABLY REPRESENTATIVE OF THE COMMUNITY AT LARGE THE SURVEY RESPONDENTS WERE 95 1% WHITE, NON-HISPANIC, COMPARED TO 92 9% FOR DUBUQUE COUNTY IN 2012 TO ACCOMMODATE LOW-INCOME HOUSEHOLDS THAT LACKED ACCESS TO THE INTERNET, SOME PAPER VERSIONS OF THE SURVEY WERE MADE AVAILABLE AS NOTED IN THE SURVEY FINDINGS, THERE WERE OCCASIONAL DIFFERENCES IN THE OPINIONS OF WHITE NON-HISPANIC COMPARED TO OTHER SURVEY RESPONDENTS THE THIRD WAY OF SOLICITING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WERE THE THREE PUBLIC INPUT SESSIONS CONDUCTED IN LATE APRIL AND EARLY MAY 2015 TO ACCOMMODATE WORK SCHEDULES AND TO ENCOURAGE DIVERSITY AMONG THOSE ATTENDING, THE SESSIONS OCCURRED ON DIFFERENT DAYS, IN DIFFERENT LOCATIONS, AND AT DIFFERENT TIMES OF DAY THE CITY OF DUBUQUE, ONE OF THE PARTNERS IN THIS ASSESSMENT PROJECT, HAS BEEN USING AN INFORMAL "COMMUNITY CAFE" FORMAT FOR INCREASING COMMUNITY ENGAGEMENT IN A VARIETY OF COMMUNITY PROJECTS BASED ON THEIR SUCCESS AND THE FAMILIARITY OF THE COMMUNITY WITH THIS CONCEPT, WE CHOSE TO EMPLOY IT FOR THE CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 6A MERCY SC'S CHNA WAS CONDUCTED WITH ST LUKE'S REGIONAL MEDICAL CENTER AND DUNES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE	PART V, SECTION B, LINE 6A MERCY MEDICAL CENTER-DUBUQUE (MERCY DUB) CONDUCTED ITS CHNA WITH MERCY MEDICAL CENTER-DYERSVILLE (MERCY DYN) AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 6A DUNES' CHNA WAS CONDUCTED WITH MERCY SC AND ST LUKE'S REGIONAL MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	PART V, SECTION B, LINE 6A MERCY DYR CONDUCTED ITS CHNA WITH MERCY DUB AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 6B MERCY SC CONDUCTED ITS CHNA WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER- DUBUQUE	PART V, SECTION B, LINE 6B MERCY DUB CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS - CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- CITY OF ASBURY CITY PARKS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 6B DUNES CONDUCTED ITS CHNA WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	PART V, SECTION B, LINE 6B MERCY DYR CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS - CITY OF DUBUQUE HEALTH SERVICES- DUBUQUE COUNTY HEALTH DEPARTMENT- CRESCENT COMMUNITY HEALTH CENTER- CITY OF DUBUQUE LEISURE SERVICES- YMCA/YWCA- HOLY FAMILY SCHOOL DISTRICT- HYVEE DIETITIAN SERVICES- WIC- HILLCREST FAMILY SERVICES- HELPING SERVICES OF NE IOWA- DUBUQUE COMMUNITY SCHOOLS- VISITING NURSE ASSOCIATION- MEDICAL ASSOCIATES CLINIC- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT- ISU EXTENSION- CITY OF ASBURY CITY PARKS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 7D THE CHNA WAS DISTRIBUTED TO SOCIAL SERVICE AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 7D THE CHNA WAS DISTRIBUTED TO SOCIAL SERVICE AGENCIES

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA	<p>PART V, SECTION B, LINE 11 MERCY NI ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITHIN ITS IMPLEMENTATION STRATEGY IN TAX YEAR 2015 ACCESS TO CARE UNINSURED AND UNDERINSURED INDIVIDUALS OFTEN DO NOT SEEK HEALTH CARE SERVICES OR HAVE LIMITED RESOURCES TO ACCESS HEALTH CARE APPROPRIATELY UTILIZING CARE COORDINATION, INDIVIDUALS RECEIVED ASSISTANCE WITH THE APPLICATION PROCESS TO OBTAIN HEALTH INSURANCE COVERAGE AND/OR OTHER SUPPORTIVE SERVICES TO IMPROVE HEALTH AND REDUCE SOCIAL DETERMINANTS OF HEALTH/DISPARITIES SUPPORTIVE SERVICES INCLUDED ACCESS TO MEDICAL, BEHAVIORAL HEALTH, AND SUBSTANCE USE APPOINTMENTS ALONG WITH REDUCING TRANSPORTATION BARRIERS TO THESE APPOINTMENTS MERCY NI ALSO PROVIDED SUPPORT THROUGH MEDICATION ASSISTANCE PROGRAMS AND THE COORDINATION OF EMERGENT DENTAL CARE FOR ELIGIBLE ADULTS ASSISTANCE WITH NAVIGATION/COORDINATION TO OBTAIN A PCP/MEDICAL HOME, PHARMACY HOME AND DENTAL HOME WAS ALSO OFFERED CARE COORDINATION PROVIDERS AND AGENCIES WHO DO NOT COMMUNICATE WITH EACH OTHER IN A FORMALIZED MANNER PROVIDE CARE IN "SILOS", WHICH OFTEN RESULTS IN GAPS AND DUPLICATIVE SERVICES RESOURCE PROVIDERS WORKED TOGETHER IN A MORE FORMALIZED MANNER, PROVIDING MORE EFFECTIVE SERVICES WITH IMPROVED HEALTH OUTCOMES FOR RESIDENTS OF NORTH IOWA THE MOST VULNERABLE INDIVIDUALS WERE TARGETED FOR ENROLLMENT INTO COMMUNITY CARE COORDINATION, INTEGRATED WITH SELF-MANAGEMENT RESOURCES/PROGRAMMING IN A MANNER THAT HELPED THE INDIVIDUALS ACHIEVE WELLNESS AND IMPROVED HEALTH, AND NATIONAL BEST PRACTICE MODELS THAT TARGETED CHRONIC DISEASE WERE IMPLEMENTED SAFETY NET PROGRAMS MANY NON-MEDICAL FACTORS CONTRIBUTE TO POOR HEALTH, OFTEN CALLED UNDERLYING SOCIAL DETERMINANTS MERCY NI HAS ADDRESSED THESE FACTORS, WHICH IS OFTEN ESSENTIAL BEFORE HEALTH ISSUES CAN BE ADDRESSED OR HEALTH IMPROVEMENT IS EXPERIENCED, IN THE FOLLOWING WAYS - FORMALIZED REFERRAL PROCESS TO BETTER UTILIZE PROGRAMS AND SOCIAL SERVICE AGENCY RESOURCES THAT ADDRESSED UNDERLYING SOCIAL DETERMINANTS - CONTINUED TO SUPPORT PROVISION OF EMERGENT HOUSING FOR THE HOMELESS OR TRANSIENT - CONTINUED TO FINANCIALLY SUPPORT A COMMUNITY PARTNER AGENCY PROGRAM THAT ADDRESSES SELF-SUFFICIENCY FOR FAMILIES THAT NEED ECONOMIC AND HEALTH STABILIZATION - CONTINUED TO PREPARE AND SUBSIDIZE PREPARATION OF HOT, NUTRITIONALLY APPROPRIATE MEALS FOR COMMUNITY MEMBERS WHO NEED MEALS ON WHEELS SUBSTANCE USE/MENTAL HEALTH MERCY NI PARTNERED WITH PRAIRIE RIDGE ADDICTION TREATMENT SERVICES TO EXPAND SCREENING AND ASSESSMENT, ENROLLED PARTICIPANTS IN APPROPRIATE TREATMENT PLANS, ENCOURAGED SELF-ACCOUNTABILITY AND COMPLIANCE WITH TREATMENT PLANS, AND MADE APPROPRIATE REFERRALS TO COMMUNITY HEALTH AND SOCIAL SERVICE PROVIDERS BECAUSE OF LIMITED CAPACITY AND ACTIVITY ALREADY IN PLACE, THE FOLLOWING IDENTIFIED NEEDS WERE SELECTED TO NOT BE DIRECTLY ADDRESSED - COMMUNITY WELLNESS WAS ALREADY BEING ADDRESSED IN A VARIETY OF COLLABORATIVE WAYS AND WE FINANCIALLY CONTRIBUTED TO THE COMMUNITY BLUE ZONES PROJECT - THE NEED FOR IMPROVED PARENTING SKILLS/SELF-RESPONSIBILITY IS CAUSAL TO MANY OTHER NEEDS AND WAS BEING ADDRESSED THROUGH INTRODUCTION OF THE NURTURED HEART APPROACH AS A COMMUNICATION FRAMEWORK ACROSS HUMAN SERVICE AGENCIES, MASON CITY AND AREA SCHOOL SYSTEMS, AND HOSPITAL/ PRIMARY CARE HEALTH COACHES/ HEALTH NAVIGATORS - CHRONIC DISEASE MANAGEMENT FOR DIABETES AND HEART DISEASE WERE COMPONENTS OF SEVERAL CURRENT COMMUNITY-WIDE INITIATIVES - TRANSPORTATION WILL ALWAYS BE A BARRIER IN RURAL AREAS THIS ASPECT OF ACCESS TO CARE IS A SHARED RESPONSIBILITY WITHIN THE BROADER COMMUNITY AND THERE ARE GROUPS ALREADY LOOKING AT THIS AND SEEKING ADVOCACY AT THE STATE LEVEL WE FINANCIALLY CONTRIBUTED TO AN ORGANIZATION THAT PROVIDES MEANS-TESTED TRANSPORTATION - THE ISSUE OF SAFETY HAS A SCOPE OR SERVICE THAT IS VERY BROAD, ENCOMPASSING FARM ACCIDENTS, MOTORCYCLE ACCIDENTS, HOME FALLS, ETC CAPACITY DID NOT ALLOW A TARGETED FOCUS</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	<p>PART V, SECTION B, LINE 11 AFTER REVIEWING ALL INFORMATION AND DATA AVAILABLE FOR THE 2016 CHNA, THE FOLLOWING SEVEN NEEDS WERE IDENTIFIED FOR THE SIOUXLAND AREA TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING BOTH MERCY SC AND DUNES HAVE ADDRESSED THESE NEEDS WITHIN THE PAST YEAR FOR YEARS, SEVERAL AGENCIES HAVE BEEN WORKING ON TOBACCO AND SUBSTANCE ABUSE SIOUXLAND CARES HAS FOCUS ED ON YOUTH PREVENTION FOR NEARLY 25 YEARS, AND HAS POSITIVELY IMPACTED THE SUBSTANCE ABUSE NUMBERS LOCALLY JACKSON RECOVERY CONTINUES TO OFFER COUNSELING AND TEENS STOP USING TOBACCO (TAP)/TEEN TOBACCO USERS (TEG) DIVERSION CLASSES TO HIGH SCHOOL STUDENTS CAUGHT USING ILLEGAL SUBSTANCE ON SCHOOL GROUNDS FORMER STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANTS (SPF-SIG) OFFERED TRAINING FOR INTERVENTION PROCEDURES (TIPS) TRAININGS FOR RESTAURANT AND BAR STAFF, AND PROVIDED SEVERAL MEDIA CAMPAIGNS ABOUT DRINKING AND DRIVING SDHD HAS WORKED TO PROMOTE QUITLINE IOWA, 2A'S AND R (ASK, ADVICE, REFER) TRAINING FOR CLINIC STAFF, AND PROMOTE SMOKE FREE MULTI-UNIT HOUSING COMPLEXES, EVENTS, WORKSITES, AND PARKS MERCY SC IS PARTNERING WITH THE SIOUXLAND TOBACCO COALITION, THROUGH THE PARTICIPATION OF THREE MERCY SC BOARD MEMBERS, AND IN PROGRAMS TO CURB TOBACCO USE INCLUDING LOCALLY PRODUCED TV PUBLIC SERVICE ANNOUNCEMENTS SINCE 2012, MUCH WORK HAS BEGUN IN THE AREA OF OBESITY PREVENTION AND HOPEFULLY DATA MEASURES WILL SOON REFLECT THAT WORK SEVERAL WORKSITES HAVE IMPLEMENTED WELLNESS POLICIES AND A VARIETY OF PROGRAMMING FOR THEIR EMPLOYEES BLUEZONES PROVIDED TECHNICAL ASSISTANCE IN AIDING SIOUX CITY TO BECOME A CERTIFIED BLUEZONE COMMUNITY WITH CHANGES TO RESTAURANTS, SCHOOLS, WORKPLACES AND THE COMMUNITY SDHD HAS PROVIDED TECHNICAL ASSISTANCE TO SEVERAL WORKSITES, CHILD CARE CENTERS, SCHOOLS, CLINICS AND COMMUNITIES ON IMPLEMENTING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES TO IMPROVE THE HEALTH OF SIOUXLAND RESIDENTS SEVERAL OTHER ENTITIES IN THE COMMUNITY, INCLUDING BOTH HOSPITALS, HAVE ALSO IMPLEMENTED A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO COMMUNITY GARDENS, COMPLETE STREET RESOLUTIONS, WALKING SCHOOL BUSES, AND FARM TO SCHOOL PROGRAMS ALTHOUGH MUCH WORK HAS ALREADY BEEN DONE, THERE IS STILL MUCH MORE TO BE ACCOMPLISHED IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY, MERCY SC IS EXECUTING KIDSHAPE, WHICH INVOLVES LIFESTYLE MODIFICATION FOR BOTH CHILDREN AND FAMILIES KIDSHAPE IS CURRENTLY OFFERED IN 12 WEEK PROGRAMS IN TWO MAJOR ELEMENTARY SCHOOLS, OFFERING ASSISTANCE AND EDUCATION REGARDING DIET, EXERCISE AND RECIPE DEVELOPMENT MERCY SC ALSO HAS A PARTNERSHIP WITH THE SIOUXLAND Y AIMED DIRECTLY AT TYPE 2 DIABETES AS IT RELATES TO OBESITY SEVERAL SOCIAL SERVICE AGENCIES PROVIDE IN-HOME VISITATION PROGRAMS TO YOUNG MOTHERS THESE SERVICES HOPE TO DELAY CONSECUTIVE TEEN BIRTHS BY THE MOTHER PLANNED PARENTHOOD AND LUTHERAN SERVICES IN IOWA (LSI) IMPLEMENT EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS IN SCHOOLS THROUGHOUT WOODBURY COUNTY IN YEARS PAST, A TEEN SEXUAL HEALTH TASK FORCE HAD BEEN FORMED BUT HAS SINCE DISBANDED IN 2015, AS FOLLOW-UP TO HOLLY KEEGAN'S TEEN SEXUAL HEALTH SURVEY, A TEEN SEXUAL HEALTH RESOURCE GUIDE WAS DEVELOPED AND DISTRIBUTED TO AREA SERVICE PROVIDERS IT CONTAINS INFORMATION ON NEARLY 15 ORGANIZATIONS LOCALLY THAT PROVIDE SERVICES RELATED TO PREGNANCY AND STD'S, AS WELL AS COMMUNICATION GUIDES FOR PARENTS TO USE WHEN TALKING TO THEIR CHILDREN ON THE TOPIC MERCY SC IS WORKING DIRECTLY WITH AND SUPPORTING "HER WOMEN'S HEALTH", A NON-PROFIT CHRISTIAN ORGANIZATION, IN THEIR EFFORTS TO ADDRESS TEEN PREGNANCY SIOUXLAND COMMUNITY HEALTH CENTER STAFFS CERTIFIED APPLICATION COUNSELORS TO ASSIST PATIENTS AT THE HEALTH CENTER AS WELL AS LOCATIONS AROUND THE SIOUXLAND COMMUNITY CERTIFIED APPLICATION COUNSELORS ARE AVAILABLE TO ANSWER QUESTIONS REGARDING THE AFFORDABLE CARE ACT AND ALSO ASSIST CONSUMERS WITH THE ENROLLMENT PROCESS COMMUNITY CLINICS RECRUITMENT OF ADVANCED PRACTICE PROVIDERS (APPS) SUPPLEMENT NEEDS FOR PRIMARY CARE PHYSICIANS AND SPECIALISTS IN THE SERVICE ARE A RECRUITMENT OF PHYSICIANS IS BASED ON NEED AS DETERMINED BY PHYSICIAN-TO-POPULATION RATIOS MERCY SC IS LOCATED IN A MEDICALLY UNDERSERVED AREA (MUA) WHICH ENABLES THE HOSPITAL TO RECRUIT PHYSICIANS WITH J1 WAIVERS COMMUNITY HOSPITALS SUPPORT/SUBSIDIZE THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (SMEF), RESIDENCY PROGRAM FOR FAMILY PRACTICE PHYSICIANS MANY OF THESE PHYSICIANS STAY IN THE LOCAL COMMUNITIES UPON GRADUATION COMMUNITY URGENT CARE CLINICS AND SIOUXLAND COMMUNITY HEALTH CENTER HAVE EXTENDED HOURS TO ACCOMMODATE NEEDS OF THE PATIENTS' SCHEDULES IN ADDITION, MERCY SC HAS LEAD EFFORTS TO ENROLL PEOPLE IN THE INSURANCE EXCHANGE, AS WELL AS PARTNERING WITH SOCIAL SERVICES AGENCIES AND OTHER NON-PROFIT ORGANIZATIONS TO PROVIDE COMMUNITY MEMBERS WITH EASY ACCESS TO VIABLE INSURANCE OPTIONS MERCY SC AND DUNES HAVE COLLABORATED WITH THE SIOU</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	<p>XLAND STREET PROJECT ALONG WITH THE CITY OF SIOUX CITY'S SECTION 6 HOUSING DEPARTMENT TO ADDRESS THE LACK OF LOW INCOME AND TRANSITIONAL HOUSING IN THE REGION SIOUX CITY HAS THE OLDEST HOUSING STOCK IN THE STATE OF IOWA, COMPOUNDED BY LOW HOUSING STOCK MERCY SC HAS BEEN WORKING WITH ANAWIM HOUSING OF DES MOINES IOWA, A NON-PROFIT ORGANIZATION SPECIALIZING IN LOW INCOME HOUSING, TO CONDUCT A FEASIBILITY STUDY TO IDENTIFY OPPORTUNITIES TO EXPAND THE AVAILABILITY OF LOW INCOME HOUSING OVER THE YEARS COLLABORATION HAS OCCURRED TO IMPROVE THE MENTAL ILLNESS THAT IS PREVALENT IN THE SIOUXLAND AREA SIOUXLAND MENTAL HEALTH HAS BEGUN BOTH THE PEDIATRIC AND ADULT INTEGRATED HOME HEALTH PROGRAM FOR INDIVIDUALS WITH MENTAL HEALTH DIAGNOSIS BOTH HOSPITALS, ALONG WITH SIOUXLAND COMMUNITY HEALTH CENTER AND SIOUXLAND MENTAL HEALTH, HAVE DEVELOPED A MENTAL HEALTH CARE COORDINATOR POSITION TO WORK WITH INDIVIDUALS WITH A MENTAL HEALTH CONDITION UPON DISCHARGE FROM EITHER HOSPITAL'S ER SIOUX CITY COMMUNITY SCHOOLS PROVIDE COUNSELORS ONSITE, IN A JOINT EFFORT WITH SIOUXLAND COMMUNITY HEALTH CENTER, AND ARE CURRENTLY TRAINING STAFF USING YOUTH MENTAL HEALTH FIRST AID (YMHFA) CURRICULUM THROUGH A PROJECT AWARE GRANT YMHFA IS A NATIONAL CERTIFICATION IN WHICH PARTICIPANTS LEARN TO IDENTIFY WHEN A YOUTH IS EXPERIENCING A MENTAL HEALTH CHALLENGE, ASSIST THEM UNTIL APPROPRIATE HELP IS SOUGHT, AND THEN CONNECT THEM TO APPROPRIATE SERVICES AS OF SEPTEMBER 30, 2015, 275 INDIVIDUALS HAD TAKEN THE TRAINING MERCY SC IS ALSO WORKING IN COLLABORATION WITH JACKSON RECOVERY CENTER, A NATIONALLY RECOGNIZED MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT CENTER, TO ELIMINATE THE MENTAL HEALTH ACCESS ISSUES IN THE COMMUNITY MERCY SC PROVIDED PERSONNEL, FINANCIAL, AND PROGRAM DEVELOPMENT SUPPORT TO THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, WHO OFFERS TWO PROGRAMS THAT PROMOTE CANCER SCREENING, CARE FOR YOURSELF (MAMMOGRAMS FOR WOMEN) AND IOWA GET SCREENED (COLONOSCOPY) FOR THE CARE FOR YOURSELF PROGRAM, SDHD STAFF PROVIDE ENROLLMENT AND CASE MANAGEMENT SERVICES FOR WOMEN IN EIGHT SURROUNDING COUNTIES ELIGIBILITY REQUIREMENTS INCLUDE AGE, RESIDENCY, INCOME AND INSURANCE COVERAGE FOR IOWA GET SCREENED, SDHD STAFF PROVIDES EDUCATION AND AWARENESS TO ALL IOWANS, PROVIDE DIRECT SCREENINGS TO ELIGIBLE PARTICIPANTS AND ENCOURAGE SYSTEM CHANGES TO INCREASE SCREENING RATES</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE	<p>PART V, SECTION B, LINE 11 THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS THE GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018 MERCY DUB WAS INVOLVED IN THE FOLLOWING PROJECTS FOR FISCAL YEAR 2016, TO HELP REDUCE OBESITY IN OUR COMMUNITY MERCY DUB IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL WITH THIS, MERCY DUB IS CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS DOUBLE-UP BUCKS PROMOTION - DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET SINSINAWA COLLABORATIVE FARM - SERVES THE NEEDS OF BEGINNING FARMERS IN ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES FARM TO INSTITUTIONS NETWORK AND PROCUREMENT - LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS MERCY DUB PARTNERED WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT IN EFFORTS FOR WEIGHT REDUCTION, MERCY DUB OFFERS THE FOLLOWING COMMUNITY CLASSES "12 WEEK WEIGHT LOSS PROGRAM AND "JUST FOR YOU WEIGHT LOSS PROGRAM" GRANT MONEY IS AVAILABLE FOR COMMUNITY MEMBERS THROUGH MERCY DUB'S COMMUNITY BENEFIT MINISTRY PROGRAM FOR THOSE WHO CANNOT AFFORD THE PROGRAM MERCY DUB ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE MERCY DUB IS NOT PLANNING TO TAKE ACTION AT THIS TIME ON THE FOLLOWING HEALTH NEEDS REDUCING ALCOHOL AND SUBSTANCE ABUSE - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF OTHER ORGANIZATIONS THAT ARE ALREADY HAVING SOME SUCCESS IN THIS AREA, ESPECIALLY THE SUBSTANCE ABUSE COALITION DIABETES SCREENING AND MANAGEMENT - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES, EXISTING PROGRAMS IN THE COMMUNITY, AND COMPETING PRIORITIES NONCOMPLIANCE WITH BLOOD PRESSURE MEDICATIONS - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE THIS WAS FELT TO BE AN EFFORT BEST HANDLED BY THE MEDICAL COMMUNITY (I E , INDIVIDUAL PHYSICIANS) PROSTATE CANCER SCREENING - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES AND COMPETING PRIORITIES INSUFFICIENT ACCESS TO MENTAL HEALTH PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF INSUFFICIENT REIMBURSEMENT FROM INSURANCE AND PUBLIC FUNDING PROGRAMS, AND PROVEN DIFFICULTY IN RECRUITING SUCH PROFESSIONALS, AT LEAST PARTIALLY BECAUSE OF THAT LACK OF REIMBURSEMENT MORE BILINGUAL HEALTHCARE PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF THE LOW FEASIBILITY OF SUCCESS IN ATTRACTING SUCH PROVIDERS TO THIS COMMUNITY</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	<p>PART V, SECTION B, LINE 11 AFTER REVIEWING ALL INFORMATION AND DATA AVAILABLE FOR THE 2016 CHNA, THE FOLLOWING SEVEN NEEDS WERE IDENTIFIED FOR THE SIOUXLAND AREA TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING BOTH MERCY SC AND DUNES HAVE ADDRESSED THESE NEEDS WITHIN THE PAST YEAR FOR YEARS, SEVERAL AGENCIES HAVE BEEN WORKING ON TOBACCO AND SUBSTANCE ABUSE SIOUXLAND CARES HAS FOCUS ED ON YOUTH PREVENTION FOR NEARLY 25 YEARS, AND HAS POSITIVELY IMPACTED THE SUBSTANCE ABUSE NUMBERS LOCALLY JACKSON RECOVERY CONTINUES TO OFFER COUNSELING AND TEENS STOP USING TOBACCO (TAP)/TEEN TOBACCO USERS (TEG) DIVERSION CLASSES TO HIGH SCHOOL STUDENTS CAUGHT USING ILLEGAL SUBSTANCE ON SCHOOL GROUNDS FORMER STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANTS (SPF-SIG) OFFERED TRAINING FOR INTERVENTION PROCEDURES (TIPS) TRAININGS FOR RESTAURANT AND BAR STAFF, AND PROVIDED SEVERAL MEDIA CAMPAIGNS ABOUT DRINKING AND DRIVING SDHD HAS WORKED TO PROMOTE QUITLINE IOWA, 2A'S AND R (ASK, ADVICE, REFER) TRAINING FOR CLINIC STAFF, AND PROMOTE SMOKE FREE MULTI-UNIT HOUSING COMPLEXES, EVENTS, WORKSITES, AND PARKS MERCY SC IS PARTNERING WITH THE SIOUXLAND TOBACCO COALITION, THROUGH THE PARTICIPATION OF THREE MERCY SC BOARD MEMBERS, AND IN PROGRAMS TO CURB TOBACCO USE INCLUDING LOCALLY PRODUCED TV PUBLIC SERVICE ANNOUNCEMENTS SINCE 2012, MUCH WORK HAS BEGUN IN THE AREA OF OBESITY PREVENTION AND HOPEFULLY DATA MEASURES WILL SOON REFLECT THAT WORK SEVERAL WORKSITES HAVE IMPLEMENTED WELLNESS POLICIES AND A VARIETY OF PROGRAMMING FOR THEIR EMPLOYEES BLUEZONES PROVIDED TECHNICAL ASSISTANCE IN AIDING SIOUX CITY TO BECOME A CERTIFIED BLUEZONE COMMUNITY WITH CHANGES TO RESTAURANTS, SCHOOLS, WORKPLACES AND THE COMMUNITY SDHD HAS PROVIDED TECHNICAL ASSISTANCE TO SEVERAL WORKSITES, CHILD CARE CENTERS, SCHOOLS, CLINICS AND COMMUNITIES ON IMPLEMENTING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES TO IMPROVE THE HEALTH OF SIOUXLAND RESIDENTS SEVERAL OTHER ENTITIES IN THE COMMUNITY, INCLUDING BOTH HOSPITALS, HAVE ALSO IMPLEMENTED A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO COMMUNITY GARDENS, COMPLETE STREET RESOLUTIONS, WALKING SCHOOL BUSES, AND FARM TO SCHOOL PROGRAMS ALTHOUGH MUCH WORK HAS ALREADY BEEN DONE, THERE IS STILL MUCH MORE TO BE ACCOMPLISHED IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY, MERCY SC IS EXECUTING KIDSHAPE, WHICH INVOLVES LIFESTYLE MODIFICATION FOR BOTH CHILDREN AND FAMILIES KIDSHAPE IS CURRENTLY OFFERED IN 12 WEEK PROGRAMS IN TWO MAJOR ELEMENTARY SCHOOLS, OFFERING ASSISTANCE AND EDUCATION REGARDING DIET, EXERCISE AND RECIPE DEVELOPMENT MERCY SC ALSO HAS A PARTNERSHIP WITH THE SIOUXLAND YAIMED DIRECTLY AT TYPE 2 DIABETES AS IT RELATES TO OBESITY SEVERAL SOCIAL SERVICE AGENCIES PROVIDE IN-HOME VISITATION PROGRAMS TO YOUNG MOTHERS THESE SERVICES HOPE TO DELAY CONSECUTIVE TEEN BIRTHS BY THE MOTHER PLANNED PARENTHOOD AND LUTHERAN SERVICES IN IOWA (LSI) IMPLEMENT EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS IN SCHOOLS THROUGHOUT WOODBURY COUNTY IN YEARS PAST, A TEEN SEXUAL HEALTH TASK FORCE HAD BEEN FORMED BUT HAS SINCE DISBANDED IN 2015, AS FOLLOW-UP TO HOLLY KEEGAN'S TEEN SEXUAL HEALTH SURVEY, A TEEN SEXUAL HEALTH RESOURCE GUIDE WAS DEVELOPED AND DISTRIBUTED TO AREA SERVICE PROVIDERS IT CONTAINS INFORMATION ON NEARLY 15 ORGANIZATIONS LOCALLY THAT PROVIDE SERVICES RELATED TO PREGNANCY AND STD'S, AS WELL AS COMMUNICATION GUIDES FOR PARENTS TO USE WHEN TALKING TO THEIR CHILDREN ON THE TOPIC MERCY SC IS WORKING DIRECTLY WITH AND SUPPORTING "HER WOMEN'S HEALTH", A NON-PROFIT CHRISTIAN ORGANIZATION, IN THEIR EFFORTS TO ADDRESS TEEN PREGNANCY SIOUXLAND COMMUNITY HEALTH CENTER STAFFS CERTIFIED APPLICATION COUNSELORS TO ASSIST PATIENTS AT THE HEALTH CENTER AS WELL AS LOCATIONS AROUND THE SIOUXLAND COMMUNITY CERTIFIED APPLICATION COUNSELORS ARE AVAILABLE TO ANSWER QUESTIONS REGARDING THE AFFORDABLE CARE ACT AND ALSO ASSIST CONSUMERS WITH THE ENROLLMENT PROCESS COMMUNITY CLINICS RECRUITMENT OF ADVANCED PRACTICE PROVIDERS (APPS) SUPPLEMENT NEEDS FOR PRIMARY CARE PHYSICIANS AND SPECIALISTS IN THE SERVICE ARE A RECRUITMENT OF PHYSICIANS IS BASED ON NEED AS DETERMINED BY PHYSICIAN-TO-POPULATION RATIOS MERCY SC IS LOCATED IN A MEDICALLY UNDERSERVED AREA (MUA) WHICH ENABLES THE HOSPITAL TO RECRUIT PHYSICIANS WITH J1 WAIVERS COMMUNITY HOSPITALS SUPPORT/SUBSIDIZE THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (SMEF), RESIDENCY PROGRAM FOR FAMILY PRACTICE PHYSICIANS MANY OF THESE PHYSICIANS STAY IN THE LOCAL COMMUNITIES UPON GRADUATION COMMUNITY URGENT CARE CLINICS AND SIOUXLAND COMMUNITY HEALTH CENTER HAVE EXTENDED HOURS TO ACCOMMODATE NEEDS OF THE PATIENTS' SCHEDULES IN ADDITION, MERCY SC HAS LEAD EFFORTS TO ENROLL PEOPLE IN THE INSURANCE EXCHANGE, AS WELL AS PARTNERING WITH SOCIAL SERVICES AGENCIES AND OTHER NON-PROFIT ORGANIZATIONS TO PROVIDE COMMUNITY MEMBERS WITH EASY ACCESS TO VIABLE INSURANCE OPTIONS MERCY SC AND DUNES HAVE COLLABORATED WITH THE SIOU</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	<p>XLAND STREET PROJECT ALONG WITH THE CITY OF SIOUX CITY'S SECTION 6 HOUSING DEPARTMENT TO A DDRESS THE LACK OF LOW INCOME AND TRANSITIONAL HOUSING IN THE REGION SIOUX CITY HAS THE O LDEST HOUSING STOCK IN THE STATE OF IOWA, COMPOUNDED BY LOW HOUSING STOCK MERCY SC HAS BE EN WORKING WITH ANAWIM HOUSING OF DES MOINES IOWA, A NON-PROFIT ORGANIZATION SPECIALIZING IN LOW INCOME HOUSING, TO CONDUCT A FEASIBILITY STUDY TO IDENTIFY OPPORTUNITIES TO EXPAND THE AVAILABILITY OF LOW INCOME HOUSING OVER THE YEARS COLLABORATION HAS OCCURRED TO IMPROV E THE MENTAL ILLNESS THAT IS PREVALENT IN THE SIOUXLAND AREA SIOUXLAND MENTAL HEALTH HAS BEGUN BOTH THE PEDIATRIC AND ADULT INTEGRATED HOME HEALTH PROGRAM FOR INDIVIDUALS WITH MEN TAL HEALTH DIAGNOSIS BOTH HOSPITALS, ALONG WITH SIOUXLAND COMMUNITY HEALTH CENTER AND SIO UXLAND MENTAL HEALTH, HAVE DEVELOPED A MENTAL HEALTH CARE COORDINATOR POSITION TO WORK WIT H INDIVIDUALS WITH A MENTAL HEALTH CONDITION UPON DISCHARGE FROM EITHER HOSPITAL'S ER SIO UX CITY COMMUNITY SCHOOLS PROVIDE COUNSELORS ONSITE, IN A JOINT EFFORT WITH SIOUXLAND COMM UNITY HEALTH CENTER, AND ARE CURRENTLY TRAINING STAFF USING YOUTH MENTAL HEALTH FIRST AID (YMHFA) CURRICULUM THROUGH A PROJECT AWARE GRANT YMHFA IS A NATIONAL CERTIFICATION IN WHI CH PARTICIPANTS LEARN TO IDENTIFY WHEN A YOUTH IS EXPERIENCING A MENTAL HEALTH CHALLENGE, ASSIST THEM UNTIL APPROPRIATE HELP IS SOUGHT, AND THEN CONNECT THEM TO APPROPRIATE SERVICE S AS OF SEPTEMBER 30, 2015, 275 INDIVIDUALS HAD TAKEN THE TRAINING MERCY SC IS ALSO WORK ING IN COLLABORATION WITH JACKSON RECOVERY CENTER, A NATIONALLY RECOGNIZED MENTAL HEALTH A ND SUBSTANCE ABUSE TREATMENT CENTER, TO ELIMINATE THE MENTAL HEALTH ACCESS ISSUES IN THE C OMMUNITY MERCY SC PROVIDED PERSONNEL, FINANCIAL, AND PROGRAM DEVELOPMENT SUPPORT TO THE S IOUXLAND DISTRICT HEALTH DEPARTMENT, WHO OFFERS TWO PROGRAMS THAT PROMOTE CANCER SCREENING S, CARE FOR YOURSELF (MAMMOGRAMS FOR WOMEN) AND IOWA GET SCREENED (COLONOSCOPY) FOR THE C ARE FOR YOURSELF PROGRAM, SDHD STAFF PROVIDE ENROLLMENT AND CASE MANAGEMENT SERVICES FOR WOMEN IN EIGHT SURROUNDING COUNTIES ELIGIBILITY REQUIREMENTS INCLUDE AGE, RESIDENCY, INCOM E AND INSURANCE COVERAGE FOR IOWA GET SCREENED, SDHD STAFF PROVIDES EDUCATION AND AWARENE SS TO ALL IOWANS, PROVIDE DIRECT SCREENINGS TO ELIGIBLE PARTICIPANTS AND ENCOURAGE SYSTEM CHANGES TO INCREASE SCREENING RATES</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON	PART V, SECTION B, LINE 11 MERCY NH APPROVED THE FISCAL YEAR 2016 IMPLEMENTATION STRATEGY IN NOVEMBER 2016 THIS STRATEGY WILL BE IMPLEMENTED IN THE COMING THREE YEARS AND WILL ADDRESS PRIMARY CARE ACCESS, BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY, AND MAINTAINING AND INCREASING ACCESS TO SPECIALTY SERVICES ALTHOUGH THE STRATEGY WAS NOT IMPLEMENTED WITHIN FISCAL YEAR 2016, MERCY NH CONTINUED TO ADDRESS THE FOLLOWING SIGNIFICANT NEEDS FROM THE PREVIOUS CHNA PROCESS IMPROVE COMMUNITY HEALTH MERCY NH HAS IMPLEMENTED A PROGRAMING SYSTEM TO IMPROVE THE HEALTH OF CHICKASAW COUNTY RESIDENTS MEDVENTIVE PATIENT HEALTH REGISTRY WAS IMPLEMENTED AND WILL ENABLE THE FAMILY CLINIC TO TRACK PATIENTS BY DISEASE CONDITIONS A HEALTH COACH HAS BEEN HIRED TO TRACK PATIENTS BY DISEASE CONDITIONS (DIABETES AND HEART DISEASE) THE HEALTH COACH HAS ALSO BEEN MAKING PHONE CALLS TO ALL PATIENTS DUE FOR A PHYSICAL, MAMMOGRAM OR COLONOSCOPY OUR WELLNESS COORDINATOR/ATHLETIC TRAINER IS WORKING WITH SCHOOLS FOR ATHLETIC TRAINER RESPONSIBILITIES THE WELLNESS COORDINATOR IS ALSO WORKING WITH CHICKASAW WELLNESS COMPLEX TO PROMOTE MEMBERSHIP FROM OUR STAFF AND FROM PATIENTS THAT COMPLETED PHYSICAL THERAPY SERVICES HERE WE PROVIDE IN-KIND SUPPORT FOR THE CHICKASAW COUNTY COALITION FOR PREVENTING UNDERAGE DRINKING BY HAVING OUR PHYSICIANS ACTIVELY INVOLVED IN PREVENTION STRATEGY PLANNING IMPROVE ACCESS A NEW PROCESS WAS PUT INTO PLACE TO HELP IMPROVE ACCESS TO HEALTHCARE SERVICES AT THE MERCY FAMILY CLINIC EFFORTS INCLUDED INCREASING THE NUMBER OF APPOINTMENTS AVAILABLE AND THOSE AVAILABLE SAME-DAY INCREASE HEALTH LITERACY BUILDING THE COMMUNITY'S AWARENESS OF AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPORTUNITIES, USING NEW COMMUNICATIONS CHANNELS AND TECHNOLOGIES UNDER THE THEORY THAT UNDERSERVED POPULATIONS CANNOT BENEFIT FROM SERVICES ABOUT WHICH THEY ARE UNAWARE, MERCY NH HAS IDENTIFIED CURRENT LEVELS OF AWARENESS IN NEW HAMPTON AND CHICKASAW COUNTY AND BUILT AWARENESS AND UNDERSTANDING AMONG SPECIFIC AT-RISK POPULATIONS INCREASE ACCESS TO MENTAL HEALTH SERVICES THIS STRATEGY HAS BEEN THE MOST DIFFICULT TO ACCOMPLISH OVER THE LAST TWO YEARS DUE TO THE OVERALL SHORTAGE OF MENTAL HEALTH SERVICES NATIONWIDE WE SET OUT TO BUILD LOCAL CAPACITY IN MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES WE HAVE ESTABLISHED STRONGER RELATIONSHIPS WITH AREA PROVIDERS IN ORDER TO ENHANCE COMMUNICATION WITH PRIMARY PROVIDERS AND HAVE DETERMINED THAT ADDITIONAL MENTAL HEALTH PROVIDERS IN OUR COUNTY ARE NEEDED WE CONTINUE TO WORK CLOSELY WITH PATHWAYS BEHAVIORAL SERVICES TO ASSESS PLACING A LICENSED SOCIAL WORKER AT MERCY FAMILY CLINIC ON A FULL-TIME BASIS MERCY NH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE 2016 CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE MERCY NH WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED AREA PHARMACY DEMAND EXCEEDS AVAILABILITY - MERCY NH HAS BEEN WORKING CLOSELY WITH THE NEW HAMPTON ECONOMIC DEVELOPMENT OFFICE ON RECRUITING ANOTHER PHARMACY TO THE AREA AND CONTINUE TO WORK CLOSELY WITH PHARMACIES IN NORTHEAST IOWA ABOUT THE OPPORTUNITIES AVAILABLE IN NEW HAMPTON IN PARTICULAR, THE POTENTIAL OPPORTUNITY FOR TELE-PHARMACY AS IT IS BROUGHT TO IOWA IN 2017

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	<p>PART V, SECTION B, LINE 11 THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS THE GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018 MERCY DYR WAS INVOLVED IN THE FOLLOWING PROJECTS FOR FISCAL YEAR 2016 TO HELP REDUCE OBESITY IN OUR COMMUNITY MERCY DYR IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL WITH THIS, MERCY DYR IS CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS DOUBLE-UP BUCKS PROMOTION - DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET SINSINAWA COLLABORATIVE FARM - SERVES THE NEEDS OF BEGINNING FARMERS IN ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES FARM TO INSTITUTIONS NETWORK AND PROCUREMENT - LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS MERCY DYR PARTNERED WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT IN EFFORTS FOR WEIGHT REDUCTION, MERCY DYR OFFERS THE FOLLOWING COMMUNITY CLASSES "12 WEEK WEIGHT LOSS PROGRAM AND "JUST FOR YOU WEIGHT LOSS PROGRAM" GRANT MONEY IS AVAILABLE FOR COMMUNITY MEMBERS THROUGH MERCY DYR'S CBM PROGRAM FOR THOSE WHO CANNOT AFFORD THE PROGRAM MERCY DYR ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE MERCY DYR IS NOT PLANNING TO TAKE ACTION AT THIS TIME ON THE FOLLOWING HEALTH NEEDS REDUCING ALCOHOL AND SUBSTANCE ABUSE - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF OTHER ORGANIZATIONS THAT ARE ALREADY HAVING SOME SUCCESS IN THIS AREA, ESPECIALLY THE SUBSTANCE ABUSE COALITION DIABETES SCREENING AND MANAGEMENT - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES, EXISTING PROGRAMS IN THE COMMUNITY, AND COMPETING PRIORITIES NONCOMPLIANCE WITH BLOOD PRESSURE MEDICATIONS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE THIS WAS FELT TO BE AN EFFORT BEST HANDLED BY THE MEDICAL COMMUNITY (I E , INDIVIDUAL PHYSICIANS) PROSTATE CANCER SCREENING - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES AND COMPETING PRIORITIES INSUFFICIENT ACCESS TO MENTAL HEALTH PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF INSUFFICIENT REIMBURSEMENT FROM INSURANCE AND PUBLIC FUNDING PROGRAMS, AND PROVEN DIFFICULTY IN RECRUITING SUCH PROFESSIONALS, AT LEAST PARTIALLY BECAUSE OF THAT LACK OF REIMBURSEMENT MORE BILINGUAL HEALTHCARE PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF THE LOW FEASIBILITY OF SUCCESS IN ATTRACTING SUCH PROVIDERS TO THIS COMMUNITY</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA	PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE	PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON	PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 16I PLAIN LANGUAGE SUMMARIES OF THE FAP WERE SENT TO SIOUXLAND COMMUNITY HEALTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE	PART V, SECTION B, LINE 16I PLAIN LANGUAGE SUMMARIES OF THE FAP AND FINANCIAL ASSISTANCE BROCHURES WERE SENT TO CRESCENT COMMUNITY HEALTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON	PART V, SECTION B, LINE 16I ASSISTANCE AVAILABILITY AND CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PRINTED ON PATIENT BILLING STATEMENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	PART V, SECTION B, LINE 16I PLAIN LANGUAGE SUMMARIES OF THE FAP AND FINANCIAL ASSISTANCE BROCHURES WERE SENT TO CRESCENT COMMUNITY HEALTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA	PART V, SECTION B, LINE 20E WE PROVIDE A ZERO OR LOW-INTEREST LOAN PROGRAM FOR THE PAYMENT OF OUTSTANDING DEBTS FOR PATIENTS WHO HAVE THE ABILITY TO PAY BUT CANNOT MEET THE SHORT-TERM PAYMENT REQUIREMENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOME BETWEEN 151% AND 300% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE	PART V, SECTION B, LINE 22D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA - PART V, SECTION B, LINE 7A	WWW.MERCYNORTHIOWA.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA - PART V, SECTION B, LINE 10A	WWW.MERCYNORTHIOWA.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 7A	WWW.MERCYSIOUXCITY.COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 10A	WWW MERCYSIOUXCITY COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER- DUBUQUE - PART V, SECTION B, LINE 7A	WWW MERCYDUBUQUE COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER- DUBUQUE - PART V, SECTION B, LINE 10A	WWW MERCYDUBUQUE COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A	WWW DUNESSURGICALHOSPITAL COM/ABOUT-US

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A	WWW DUNESSURGICALHOSPITAL COM/ABOUT-US

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 7A	WWW.MERCYNEWHAMPTON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 10A	WWW.MERCYNEWHAMPTON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE - PART V, SECTION B, LINE 7A	WWW.MERCYDUBUQUE.COM/DYERSVILLE-COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A	WWW.MERCYDUBUQUE.COM/DYERSVILLE-COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 9	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 1 - MEDICAL ASSOCIATES WEST CAMPUS 1500 ASSOCIATES DRIVE DUBUQUE,IA 52001	OCC HEALTH,PHYS THER,AMBULATORY SURGERY
1 2 - MEDICAL ASSOCIATES CLINIC 1240 BIG JACK ROAD PLATTEVILLE,WI 53818	X-RAY, LAB, EMPLOYED PHYSICIANS
2 3 - TRI-STATE OCCUPATIONAL HEALTH 1920 ELM STREET DUBUQUE,IA 52001	PHYS THERAPY,EMPLOYED PHYSICIANS
3 4 - MEDICAL ASSOCIATES CLINIC 10988 BARTELL BLVD GALENA,IL 61036	HOME CARE,LAB, EMPLOYED PHYSICIANS
4 5 - MERCY MEDICAL CENTER - DYERSVILLE 1121 THIRD STREET SW DYERSVILLE,IA 52040	CLINIC
5 6 - MEDICAL ASSOCIATES CLINIC 208 N 12TH STREET BELLEVUE,IA 52031	CLINIC
6 7 - MEDICAL ASSOCIATES CLINIC 911 NW CARTER ELKADER,IA 52043	CLINIC
7 8 - CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE,IA 52033	EMPLOYED PHYSICIANS, LAB, X-RAY, PT
8 9 - MEDICAL ASSOCIATES CLINIC 117 SOUTH MADISON CUBA CITY,WI 53807	X-RAY, LAB, EMPLOYED PHYSICIANS
9 10 - MEDICAL ASSOCIATES CLINIC 560 PLEASANT ST ELIZABETH,IL 61028	CLINIC
10 11 - MEDICAL ASSOCIATES CLINIC 107 S PAGE MONONA,IA 52159	CLINIC
11 12 - MEDICAL ASSOCIATES EAST CAMPUS 1000 LANGWORTHY DUBUQUE,IA 52001	OCC HEALTH, PHYSICAL THERAPY
12 13 - DUNES MEDICAL LABORATORY 350 W ANCHOR DRIVE SUITE 20 DAKOTA DUNES,SD 57049	REFERENCE LABORATORY
13 14 - MASON CITY SURGERY CENTER 990 4TH STREET MASON CITY,IA 50401	AMBULATORY SURGERY
14 15 - MERCY FAMILY CLINIC - BUFFALO CENTER 115 NORTH MAIN BUFFALO CENTER,IA 50424	X-RAY, LAB, EMPLOYED PHYSICIANS

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
16 16 - MERCY MATERNAL HEALTH CLINIC 200 MERCY DRIVE DUBUQUE,IA 52001	OUTPATIENT CLINIC, PRENATAL CARE, PREGNANCY TESTING
1 17 - TRI-STATE SURGERY CENTER 1500 ASSOCIATES DRIVE DUBUQUE,IA 52002	OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS

2015

**Open to Public
Inspection**

31-1373080

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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
(1) HOUSING AND UTILITIES	11	2,429			
(2) TRANSPORTATION ASSISTANCE	176	5,454			
(3) MEDICAL BILLS	23	2,931			
(4) SCHOLARSHIPS	8	4,000			
LOAN ASSISTANCE AND OTHER (5) MISCELLANEOUS ASSISTANCE	10	5,337			

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	DONATIONS MADE BY MERCY HEALTH SERVICES - IOWA TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H

Additional Data

Software ID:
Software Version:
EIN: 31-1373080
Name: MERCY HEALTH SERVICES - IOWA CORP

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
DUBUQUE COMMUNITY SCHOOLS 2500 CHANEY ROAD DUBUQUE,IA 52001	42-6001531	PUBLIC SCHOOL	15,000				SUPPORT OF ATHLETIC TRAINER PROGRAM FOR TWO HIGH SCHOOLS
WAHLERT CATHOLIC HIGH SCHOOL 2005 KANE ST DUBUQUE,IA 52001	42-0792429	RELIGIOUS SCHOOL	7,500				SUPPORT OF ATHLETIC TRAINER PROGRAM FOR HIGH SCHOOL
CRESCENT COMMUNITY HEALTH CENTER 1789 ELM ST SUITE A DUBUQUE,IA 52001	48-1302204	501(C)(3)	16,425				SUPPORT FOR COMMUNITY GARDENING PROGRAM

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
ALMOST HOME GUEST HOUSE AT ST JOHN'S LUTHERAN CHURCH 1296 WHITE ST DUBUQUE,IA 52001	42-7421408	501(C)(3)	10,000				SUPPORT FOR ST JOHN'S LUTHERAN GUESTHOUSE FOR THE HOMELESS
MARY'S INN 3761 HILLCREST RD DUBUQUE,IA 52001	36-4768362	501(C)(3)	10,000				SUPPORT FOR PREGNANT, HOMELESS MOTHERS & BABIES
PROJECT CONCERN 1789 ELM ST SUITE B DUBUQUE,IA 52001	42-1298833	501(C)(3)	10,000				SUPPORT OF SHELTER PLUS CARE PROGRAM

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
CLARKE UNIVERSITY OF DUBUQUE IOWA 1550 CLARKE DR DUBUQUE,IA 52001	42-0680408	501(C)(3)	10,000				SUPPORT OF GERIATRIC WELLNESS FALLS PREVENTION PROGRAM
DUBUQUE RESCUE MISSION 398 MAIN ST DUBUQUE,IA 52001	42-0844836	501(C)(3)	5,000				SUPPORT OF MISSION SCHOOL OF PRESERVATION
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE,IA 52001	26-2227941	501(C)(3)	434,924				FUNDING 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
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE,IA 52040	20-5383271	501(C)(3)	133,355				FUNDING SUPPORT
NORTHEAST IOWA COMMUNITY ACTION CORP 305 MONTGOMERY ST DECORAH,IA 52101	42-6092713	501(C)(3)	6,000	0			SUPPORT RESIDENTS OF CHICKASAW COUNTY THAT ARE FACING HOMELESSNESS AND/OR LOSS OF UTILITIES
CITY OF MASON CITY 10 1ST ST NW MASON CITY,IA 50401	42-6004948	GOVERNMENT ORG	25,000				BLUE ZONE PROJECT PLEDGE

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
DOCS FOR HOPE WORLDWIDE PO BOX 135 NEW HAMPTON, IA 50659	45-4010956	501(C)(3)	10,000				COMMUNITY SUPPORT
NORTH IOWA AREA COMMUNITY COLLEGE FOUNDATION 500 COLLEGE DRIVE MASON CITY, IA 50401	23-7023677	501(C)(3)	6,500				SUPPORT PERFORMING ARTS SERIES
NORTH IOWA COMMUNITY ACTION ORGANIZATION PO BOX 1627 MASON CITY, IA 50402	42-0921505	501(C)(3)	63,600				COMMUNITY PARTNERS CONTRACT

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
NORTH IOWA CORRIDOR ECONOMIC DEVELOPMENT 9 N FEDERAL MASON CITY,IA 50401	75-3190471	501(C)(6)	20,000				ANNUAL INVESTOR CAMPAIGN PLEDGE
NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS 307 N MONROE MASON CITY,IA 50401	42-1501295	501(C)(3)	62,741				SUPPORT OF EXECUTIVE DIRECTOR'S SALARY AND BENEFITS, AND COMMUNITY SUPPORT
REGIONAL HEALTH SERVICES OF HOWARD COUNTY 235 8TH AVE WEST CRESCO,IA 52136	42-1021780	501(C)(3)	5,000				CRESCO BUILDING PLEDGE

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
SALVATION ARMY 747 VILLAGE GREEN DR MASON CITY, IA 50401	36-2167910	501(C)(3)	99,000				SUPPORT FOR ADULT DAY CARE TRANSPORTATION TO MEDICAL APPOINTMENTS
AMERICAN HEART ASSOCIATION PO BOX 4002902 DES MOINES, IA 50340	13-5613797	501(C)(3)	16,000				COMMUNITY SUPPORT
AMERICAN RED CROSS SIOUXLAND 4200 WAR EAGLE DRIVE SIOUX CITY, IA 51109	53-0196605	501(C)(3)	16,500				COMMUNITY 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
BIG 12 YOUTH DEVELOPMENT PROGRAM 3435 JACKSON ST SIOUX CITY,IA 51104	20-4018698	501(C)(3)	6,500				SUPPPORT AFTER SCHOOL AND SUMMER PROGRAMS
BISHOP HEELAN CATHOLIC SCHOOLS 1018 GRANDVIEW BLVD SIOUX CITY,IA 51103	42-0698209	501(C)(3)	5,500				COMMUNITY SUPPORT
BOY SCOUTS OF AMERICA 326 MID AMERICA COUNCIL 12401 W MAPLE ROAD OMAHA,NE 68164	47-0376545	501(C)(3)	6,500				SUPPORT CHARACTER PROGRAM

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
BOYS CLUB OF SIOUX CITY 823 PEARL STREET SIOUX CITY, IA 51101	42-0940032	501(C)(3)	5,000				SUPPORT RECREATION BUDGET
BRIAR CLIFF UNIVERSITY 3302 REBBECA ST SIOUX CITY, IA 51104	42-0707124	501(C)(3)	27,000				SUPPORT SCHOLARSHIP PROGRAMS
CAMP HIGH HOPES 5804 CORRECTIONVILLE RD SIOUX CITY, IA 51106	20-1314342	501(C)(3)	5,700				SUPPORT CAMP FOR DISABLED

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
CATHOLIC CHARITIES OF THE DIOCESE OF SIOUX CITY 1601 MILITARY ROAD SIOUX CITY, IA 51103	42-0681062	501(C)(3)	9,380				SUPPORT THERAPIST TRAINING
COMMUNITY ACTION AGENCY SIOUXLAND 2700 LEECH AVENUE SIOUX CITY, IA 51106	42-0989589	501(C)(3)	5,908				SUPPORT EMERGENCY CLIENT ASSISTANCE
THE CRITTENTON CENTER 303 WEST 24TH STREET SIOUX CITY, IA 51104	42-0698246	501(C)(3)	8,000				SUPPORT YOUTH SHELTER/CAR SEATS

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
DAKOTA VALLEY SCHOOL DISTRICT 1150 NORTH SHORE DRIVE NORTH SIOUX CITY, SD 57049	46-6003189	PUBLIC SCHOOL	5,000				SUPPORT LEADERSHIP CONFERENCE/ACT PREP
FOOD BANK OF SIOUXLAND PO BOX 985 SIOUX CITY, IA 51102	42-1381516	501(C)(3)	5,000				SUPPORT BACKPACK PROGRAM AND FOOD ASSISTANCE
GOODWILL OF THE GREAT PLAINS 3100 W 4TH STREET SIOUX CITY, IA 51103	42-0727509	501(C)(3)	5,500				CAMP SPONSOR

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
THE GOSPEL MISSION 500 BLUFF ST PO BOX 3745 SIOUX CITY, IA 51102	42-0819319	501(C)(3)	10,000				SUPPORT MEN & CHILDREN SHELTER
HER HEALTH WOMENS CENTER 5732 SUNNYBROOK DR SIOUX CITY, IA 51106	42-1282535	501(C)(3)	18,000				SUPPORT PARENTING EDUCATION AND MEDICAL SVCS
IOWA LEGAL AID 520 NEBRASKA ST SIOUX CITY, IA 51101	42-1079227	501(C)(3)	5,000				SUPPORT HEALTH & LAW INTERGRATION

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
JACKSON RECOVERY CENTERS 800 5TH ST STE 200 SIOUX CITY, IA 51101	39-1900255	501(C)(3)	27,500				SUPPORT ADOLESCENT ADDICTION RECOVERY HOSPITAL
MARY J TREGLIA COMMUNITY HOUSE 900 JENNINGS ST SIOUX CITY, IA 51105	42-0681107	501(C)(3)	7,500				SUPPORT IMMIGRANT POPULATION SERVICES
NEW HORIZON TUTORING 498 BISON TRAIL DAKOTA DUNES, SD 57049	63-6744586		37,000				SUPPORT ACT PREP TUTORING

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
NORTHEAST COMMUNITY COLLEGE FOUNDATION 801 EAST BENJAMIN AVE NORFOLK, NE 68702	51-0145185	501(C)(3)	30,000				SUPPORT SCHOLARSHIP ASSISTANCE
RONALD MCDONALD HOUSE CHARITIES OF SIOUXLAND 2500 NEBRASKA ST SIOUX CITY, IA 51104	42-1369988	501(C)(3)	5,650				COMMUNITY SUPPORT
SANFORD CENTER 1700 GENEVA STREET SIOUX CITY, IA 51103	42-0698174	501(C)(3)	5,000				SUPPORT ASIAN FESTIVAL AND SUMMER YOUTH PROGRAM

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
THE SHEPHERD'S GARDEN 601 NEBRASKA STREET SIOUX CITY, IA 51101	27-2258821	501(C)(3)	5,000				ANNUAL UPKEEP AND MAINTENANCE-CHRISTIAN SPACE
SIOUX CITY CONSERVATORY OF MUSIC 1309 PIERCE ST SIOUX CITY, IA 51105	45-1544074	501(C)(3)	16,000				EXPANSION PROJECT-UNDERPRIVILEGED CHILDREN
SIOUXLAND CHAMBER OF COMMERCE 101 PIERCE STREET SIOUX CITY, IA 51101	42-1229237	501(C)(6)	6,500				COMMUNITY 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
SIOUXLAND COMMUNITY HEALTH FOUNDATION 1021 NEBRASKA STREET SIOUX CITY,IA 51102	42-1411570	501(C)(3)	21,250				COMMUNITY SUPPORT
SIOUXLAND COMMUNITY HEALTH CENTER 1021 NEBRASKA STREET SIOUX CITY,IA 51102	42-1374894	501(C)(3)	42,151				MEDICAL AND DENTAL CARE SUPPORT
SIOUXLAND DISTRICT HEALTH DEPARTMENT 1014 NEBRASKA STREET SIOUX CITY,IA 51105	42-6005221	GOVERNMENT ORG	15,500				TOBACCO INIATIVE

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
SIOUXLAND HUMAN INVESTMENT PARTNERSHIP 1520 MORNINGSIDE AVE SIOUX CITY,IA 51106	42-1495836	501(C)(3)	18,500				BLUE ZONE PROJECT
SIOUXLAND MENTAL HEALTH SERVICES PO BOX 1917 SIOUX CITY,IA 51102	42-6122297	501(C)(3)	39,455				COMMUNITY CARE COORDINATOR PROGRAM
THE SIOUXLAND Y 601 RIVERVIEW DRIVE SOUTH SIOUX CITY,NE 68776	42-0738980	501(C)(3)	15,000				SOCCER TEAM SUPPORT/COMMUNITY 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
SIOUXLAND YOUTH FOR CHRIST PO BOX 1626 SIOUX CITY,IA 51102	42-1108779	501(C)(3)	10,000				YOUTH MINISTRY AND CITY CENTER
SAINT GABRIEL COMMUNICATIONS 705 DOUGLAS ST STE 238 SIOUX CITY,IA 51101	42-1516853	501(C)(3)	15,723				UNDERWRITE AIR TIME
ST MICHAELS SCHOOL 1315 FIRST AVENUE SOUTH SIOUX CITY,NE 68776	47-0457873	RELIGIOUS SCHOOL	15,000				EDUCATION SPONSORSHIP

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
SUNNYBROOK COMMUNITY CHURCH 5601 SUNNYBROOK DRIVE SIOUX CITY, IA 51106	42-1018560	CHURCH	7,000				MIRACLE LEAGUE BASEBALL/CRITTENTON CENTER CHRISTMAS
UNITED WAY OF SIOUXLAND INC PO BOX 204 SIOUX CITY, IA 51102	42-0680395	501(C)(3)	5,000				COMMUNITY SUPPORT
THE WARMING SHELTER INC 916 NEBRASKA ST PO BOX 147 SIOUX CITY, IA 51102	47-1257560	501(C)(3)	17,500				HOMELESS SHELTER

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 STATE UNIVERSITY EXTENSION AND OUTREACH 4301 SERGEANT RD STE 213 SIOUX CITY, IA 51106	42-6021487	PUBLIC SCHOOL	10,500				YOUTH HEALTH & WELLNESS PROGRAMS
SIOUXLAND MEDICAL EDUCATION FOUNDATION 2501 PIERCE ST SIOUX CITY, IA 51104	42-1036971	501(C)(3)	1,109,951				PHYSICIAN RESIDENTS EDUCATION SUPPORT
MERCY MEDICAL CENTER- SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102	14-1880022	501(C)(3)	260,345				FUNDING SUPPORT

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2015

Open to Public Inspection

Name of the organization
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number
31-1373080

Part I

Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification 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.
- 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?
- 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 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?

b Any related organization?
- 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?

b Any related organization?
- 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.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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 3	MERCY HEALTH SERVICES - IOWA (MHS-IA) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MHS-IA HOSPITAL CEO'S ARE PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MHS-IA CEO'S: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2015. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$532,835; JENNIFER BARNETT - \$565,943; JUDITH PERSICILLI - \$177,179. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2015, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2015. THE FOLLOWING PAYOUTS FOR 2015 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$234,854; JENNIFER BARNETT - \$135,880; JAMES BOSSCHER - \$75,822; BENJAMIN CARTER - \$194,694; RICHARD GILFILLAN, MD - \$358,530; CLAYTON FITZHUGH - \$276,846; JAMES FITZPATRICK - \$27,708; AGNES HAGERTY - \$97,266; RUSSELL KNIGHT - \$87,004; PAUL NEUMANN - \$143,799; RICHARD O'CONNELL - \$207,673; DANIEL VARNUM - \$85,931. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$265,000 FOR 2015). THE FOLLOWING PAYOUTS FOR 2015 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$135,796; RUSSELL KNIGHT - \$25,440; PAUL NEUMANN - \$136,786; RICHARD O'CONNELL - \$39,142. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A MERCY HEALTH SERVICES - IOWA NON-QUALIFIED ELECTIVE DEFERRED COMPENSATION PLAN. THE FOLLOWING DEFERRALS FOR 2015 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: JAMES CODDINGTON, MD - \$23,718; MARK HAGANMAN - \$41,691; JAMES P. KARKOS - \$49,387; BRENT OWEN - \$30,258; STEPHEN THORN - \$36,159; ALIREZA YARAHMADI - \$48,963.

Additional Data

Software ID:
Software Version:
EIN: 31-1373080
Name: MERCY HEALTH SERVICES - IOWA CORP

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				
1JAMES CODDINGTON MD DIRECTOR, MERCY NI PHYSICIAN	(i)	90,692	46,221	27,859	10,568	11,428	186,768	0
	(ii)	0	0	0	0	- 0	- 0	0
1CLAYTON FITZHUGH DIRECTOR, TRINITY EVP CHRO	(i)	0	0	0	0	0	0	0
	(ii)	737,704	321,392	364,018	26,350	- 15,860	- 1,465,324	0
2RODNEY SCHLADER TREASURER, REGIONAL CFO	(i)	0	0	0	0	0	0	0
	(ii)	299,750	70,419	1,337	31,346	- 23,918	- 426,770	0
3MARCIA SMITH SECRETARY, ASSOCIATE COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	231,410	25,938	47,001	11,556	- 22,669	- 338,574	0
4JAMES FITZPATRICK PRESIDENT & CEO SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	470,200	191,187	113,191	28,840	- 24,425	- 827,843	0
5DANIEL VARNUM CEO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	398,637	161,279	101,967	16,614	- 28,652	- 707,149	0
6RUSSELL KNIGHT CEO DUBUQUE THROUGH 9/15	(i)	0	0	0	0	0	0	0
	(ii)	268,993	165,581	183,398	21,141	- 8,433	- 647,546	25,440
7PAUL MANTERNACH SVP PHYS INTEGRATION/CMO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	349,639	81,920	555	15,900	- 22,872	- 470,886	0
8DIANE FISCHELS VP COO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	281,010	65,311	1,217	36,838	- 17,020	- 401,396	0
9HUGH DEPAULIS VP FINANCE SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	207,739	48,300	843	15,186	- 18,385	- 290,453	0
10KAY TAKES PRES DUBUQUE AT 10/15, VP PAT CARE	(i)	0	0	0	0	0	0	0
	(ii)	196,587	51,020	1,420	23,557	- 20,778	- 293,362	0
11DANETTE ZOOK VP FINANCE NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	177,513	42,228	376	22,519	- 19,116	- 261,752	0
12ROBERT SHAFER CFO DUBUQUE THROUGH 8/15	(i)	0	0	0	0	0	0	0
	(ii)	113,896	48,834	657	39,170	- 13,777	- 216,334	0
13ALIREZA YARAHMADI PHYSICIAN, NEUROLOGY NORTH IOWA	(i)	510,464	270,685	53,949	11,925	31,115	878,138	0
	(ii)	0	0	0	0	- 0	- 0	0
14MARK HAGANMAN PHYSICIAN,FAMILY MEDICINE NORTH IA	(i)	483,853	141,276	43,094	28,856	29,963	727,042	0
	(ii)	0	0	0	0	- 0	- 0	0
15JAMES P KARKOS PHYSICIAN, DERMATOLOGY NORTH IOWA	(i)	403,665	211,353	53,142	22,457	30,377	720,994	0
	(ii)	0	0	0	0	- 0	- 0	0
16BRENT OWEN PHYSICIAN, FAMILY MEDICINE NORTH IA	(i)	354,139	186,054	53,583	11,925	26,279	631,980	0
	(ii)	0	0	0	0	- 0	- 0	0
17STEPHEN THORN PHYSICIAN, OBGYN NORTH IOWA	(i)	445,826	103,016	40,919	11,925	46,214	647,900	0
	(ii)	0	0	0	0	- 0	- 0	0
18MARIANNE CUNNINGHAM FORMER OFFICER, TRINITY VP DEBT	(i)	0	0	0	0	0	0	0
	(ii)	195,820	55,857	1,606	15,010	- 22,158	- 290,451	0
19JAMES BOSSCHER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	37,892	75,822	1,137	- 0	- 114,851	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				
21KEDRICK ADKINS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)			768,621	0	-	-	767,689
					141	768,762		
1STEVEN EAVENSON FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	159,794	60,615	1,920	10,038	-	-	0
					11,117	243,484		
2JUDITH PERSICILLI FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,018,298	7,800	-	-	0
					0	1,026,098		
3PAUL NEUMANN FORMER OFFICER, TRIN CHIEF LEGAL CNSL	(i)	0	0	0	0	0	0	0
	(ii)	608,088	268,674	355,238	11,925	-	-	128,891
					29,961	1,273,886		
4JENNIFER BARNETT FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	702,011	7,800	-	-	565,943
					16,184	725,995		
5AGNES HAGERTY FORMER OFFICER, TRINITY DEP GEN CSL	(i)	0	0	0	0	0	0	0
	(ii)	405,473	159,574	279,309	34,306	-	-	0
					21,273	899,935		
6BENJAMIN CARTER FORMER OFFICER, TRINITY HEALTH CFO	(i)	0	0	0	0	0	0	0
	(ii)	798,221	356,711	355,398	11,925	-	-	129,972
					35,541	1,557,796		
7RICHARD GILFILLAN MD FORMER OFFICER, TRINITY PRES & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,428,965	877,072	405,410	11,925	-	-	0
					33,476	2,756,848		
8RICHARD O'CONNELL FORMER KE, TRINITY EVP EAST GROUP	(i)	0	0	0	0	0	0	0
	(ii)	859,386	383,634	315,130	11,925	-	-	39,124
					35,621	1,605,696		
9JEROME PIERSON MD FORMER KEY EMPLOYEE, MMC-SC PHYSICIAN	(i)	255,445	48,918	1,297	0	7,505	313,165	0
	(ii)	173,391	76,406	730	11,315	-	-	0
					7,487	269,329		
10TERESA MOCK MD FORMER KE, SVP CCO AND CPHO N IOWA	(i)	0	0	0	0	0	0	0
	(ii)	296,143	69,236	1,308	22,222	-	-	0
					22,205	411,114		
11LINDA KREI FORMER KEY EMP, VP CHRO SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	230,915	53,170	878	27,658	-	-	0
					4,588	317,209		
12GARY GUETZKO FORMER KE, VP BUS DEVELOPMENT DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	197,756	56,184	1,218	39,640	-	-	0
					17,696	312,494		
13BRIAN MONSMA FORMER KE, VP NTKW DVLPMNT SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	180,496	42,968	251	13,466	-	-	0
					22,709	259,890		
14TRACY LARSON FORMER KEY EMPLOYEE, CNO SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	180,134	42,556	250	7,084	-	-	0
					21,910	251,934		
15KIMBERLY CHAMBERLIN FORMER KEY EMPLOYEE, CNO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	179,005	42,286	693	6,579	-	-	0
					13,973	242,536		
16SUE MEADE FORMER KE, VP PROF SVCS DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	141,322	40,422	267	10,844	-	-	0
					12,567	205,422		

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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

Department of the Treasury
Internal Revenue Service
Name of the organization
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number
31-1373080

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) NATHAN MOCK	FAMILY MEMBER OF TERESA MOCK, FORMER KEY EMPLOYEE	27,690	EMPLOYMENT ARRANGEMENT		No
(2) AVERY OUTDOOR	MILTON AVERY, BOARD OFFICER, IS AN OWNER OF AVERY OUTDOOR	201,286	PAYMENTS MADE FOR SIGNS AND BILLBOARDS		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

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
MERCY HEALTH SERVICES - IOWA CORP**Employer identification number**

31-1373080

Return Reference**Explanation**FORM 990, PART VI, SECTION
A, LINE 2RODNEY SCHLADER, OFFICER, DANIEL VARNUM, KEY EMPLOYEE, AND MARTI RODAMAKER, BOARD
DIRECTOR, HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MERCY HEALTH SERVICES - IOWA (MHS-IA) IS TRINITY HEALTH CORPORATION SEE LINE 7 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF MHS-IA TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MHS-IA

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS AND MODIFICATIONS TO GOVERNING DOCUMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR MHS-IA IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MHS-IA HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF MHS-IA, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MHS-IA AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MHS-IA (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MHS-IA OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF MHS-IA (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MHS-IA INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MHS-IA IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE HOSPITAL CEO'S AND CFO'S OF MHS-IA ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MHS-IA IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, MHS-IA INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE. MHS-IA'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET EQUITY TRANSFERS TO/FROM AFFILIATES -7,696,295 OTHER TRANSACTIONS -341,159 EQUITY GAIN/LOSS IN UNCONSOLIDATED AFFILIATES 3,910,575

Return Reference	Explanation
FORM 990, PART XII, LINE 2	MHS-IA'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 16 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	DUNES MEDICAL LABORATORIES, FOREST PARK PHARMACY, HEALTHWORKS, MARIAN HEALTH CENTER, MERCY FAMILY PHARMACY, MERCY HEALTH CENTER-DUBUQUE (ST JOSEPH'S), MERCY HEALTH CENTER-DYERSVILLE (ST MARY'S),MERCY HEART CENTER & VASCULAR INSTITUTE, MERCY HOME CARE-NORTH IOWA, MERCY HOME HEALTHCARE DUBUQUE, MERCY MEDICAL CENTER-DUBUQUE, MERCY MEDICAL CENTER-DYERSVILLE, MERCY MEDICAL CENTER-NEW HAMPTON, MERCY MEDICAL CENTER-NORTH IOWA, MERCY MEDICAL CENTER-SIOUX CITY, MERCY VASULAR MEDICINE CLINIC, MHC ANESTHESIA SERVICES, NORTH IOWA MERCY CLINICS, NORTH IOWA MERCY HEALTH CENTER, NORTH IOWA MERCY HOME HEALTHCARE, SHEFFIELD PHARMACY, SIOUXLAND PATHOLOGY GROUP-SMHC, SIOUXLAND RADIOLOGY-SMHC, ST JOSEPH COMMUNITY HOSPITAL

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY HEALTH SERVICES - IOWA CORP

► 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.

Employer identification number
31-1373080

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) MERCY CARE CONNECTIONS LLC 1000 4TH STREET SW MASON CITY, IA 50401 35-2473948	ACCOUNTABLE CARE ORGANIZATION	IA	0	0	MERCY HEALTH SERVICES-IOWA CORP

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	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) Disproportionate 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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 31-1373080

Name: MERCY HEALTH SERVICES - IOWA CORP

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
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
ASYLUM HILL FAMILY MEDICINE CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
EAST NORRITON PHYSICIANS SERVICES ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	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
EDDY LICENSED HOME CARE AGENCY INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
EMBRACING AGE INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 9	ST JOSEPH'S HEALTH INC	Yes	
EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE	MI	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	Yes	
HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 9	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH FOUNDATION INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	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
HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS PRIMARY CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOME & COMMUNITY HEALTH SERVICES INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
HOME AIDE SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA CORP	Yes	
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
JOHNSON HEALTH CARE INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0709903	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL HOSPITAL INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 47-5676956	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL MEDICAL CENTER INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0696923	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LIFE AT ST FRANCIS HEALTHCARE INC 7TH CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 9	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	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
LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOYOLA MEDICINE TRANSPORT LLC 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY AMICARE HOME HEALTHCARE PORT HURON 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	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
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH NETWORK INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11B, II	N/A		No
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HEALTH PLAN ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		No
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTHCARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY LIFE OF ALABAMA PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS 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
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CORPORATION PO BOX 7957 MOBILE, AL 36670 63-6002215	HOSPICE & HOME HEALTH SERVICES	AL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
MERCY MEDICAL GROUP C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY PHYSICIAN NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY UIHLEIN HEALTH CORPORATION 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 11A, I	N/A		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	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
MOUNT SINAI HOSPITAL FOUNDATION INC 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 11C, III-FI	N/A		No
MOUNT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	Yes	
NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NE PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	HEALTHCARE SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	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
PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 11B, II	SAINT FRANCIS MEDICAL GROUP INC	Yes	
SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	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
SAINT JOSEPH PACE INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM 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
SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SJ MANAGEMENT COMPANY OF SYRACUSE INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTHCARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
ST JOSEPH'S COLLEGE OF NURSING AT ST JOSEPH'S HOSPITAL HEALTH CENTER 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S HEALTH CENTER PROPERTIES INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HEALTH INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S PHYSICIAN HEALTH PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	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
ST MARY BUILDING AND DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION INC 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	Yes	
THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	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 FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
THE JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 11A, I	N/A		No
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH - NEW ENGLAND INC (FKA SAINT FRANCIS CARE INC) 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	Yes	
TRINITY HEALTH LIFE PENNSYLVANIA INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	Yes	
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	
VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

[illegible]

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

[illegible]

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
AFFILIATED MANAGEMENT SERVICES (1) CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
(1) CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
(2) CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(3) CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES (4) INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(8) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
(11) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(12) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT (13) CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(14) HACKLEY PROFESSIONAL CENTER INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3024797	REAL ESTATE RENTAL	MI	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) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT (1) ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTHCARE MANAGEMENT	NY	N/A	C				Yes	
(2) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(3) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(4) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(5) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR YPSILANTI, MI 48197 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(6) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(7) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(8) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(9) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
(10) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(11) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(12) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
(13) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(14) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	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
MERCY INPATIENT MEDICAL (31) ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(1) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	MERCY HEALTH SERVICES- IOWA CORP	C	-5,843,782	13,882,740	100 000 %	Yes	
(2) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
(3) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(4) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE (5) BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
(6) PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C				Yes	
(7) PROVIDENCE HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH (8) ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(9) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL (10) HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
SAINT FRANCIS CARE MEDICAL (11) GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE (12) BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(13) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT (14) SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	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
(46) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT (1) SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(2) ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
(3) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(4) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(5) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
(6) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
(7) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES (8) MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(9) WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(10) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	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)	DYERSVILLE MERCY HEALTH FOUNDATION INC	B	133,355	PER BOOKS
(1)	TRINITY HEALTH CORPORATION	A	2,837	PER BOOKS
(2)	TRINITY HEALTH CORPORATION	B	20,018,591	PER BOOKS
(3)	TRINITY HEALTH CORPORATION	M	70,344,907	PER BOOKS
(4)	TRINITY HEALTH CORPORATION	P	18,828,714	PER BOOKS
(5)	TRINITY HEALTH CORPORATION	Q	6,099,210	PER BOOKS
(6)	TRINITY HEALTH CORPORATION	R	6,970,926	PER BOOKS
(7)	TRINITY HEALTH CORPORATION	S	292,285	PER BOOKS
(8)	TRINITY CONTINUING CARE SERVICES	M	123,423	PER BOOKS
(9)	MERCY HEART CTR OP SERVICES LLC	C	157,722	PER BOOKS
(10)	MERCY HEART CTR OP SERVICES LLC	L	109,612	PER BOOKS
(11)	FOREST PARK IMAGING LLC	C	1,549,782	PER BOOKS
(12)	FOREST PARK IMAGING LLC	L	765,557	PER BOOKS
(13)	HOSPICE OF NORTH IOWA	L	51,144	PER BOOKS
(14)	HOSPICE OF NORTH IOWA	M	162,408	PER BOOKS
(15)	HOSPICE OF NORTH IOWA	Q	583,336	PER BOOKS
(16)	MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	B	135,784	PER BOOKS
(17)	MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	C	188,381	PER BOOKS
(18)	BAUM HARMON MERCY HOSPITAL	C	1,458,701	PER BOOKS
(19)	BAUM HARMON MERCY HOSPITAL	L	104,813	PER BOOKS
(20)	BAUM HARMON MERCY HOSPITAL	M	97,173	PER BOOKS
(21)	BAUM HARMON MERCY HOSPITAL	P	205,008	PER BOOKS
(22)	BAUM HARMON MERCY HOSPITAL	Q	314,946	PER BOOKS
(23)	OAKLAND MERCY HOSPITAL	C	1,541,006	PER BOOKS
(24)	OAKLAND MERCY HOSPITAL	L	86,454	PER BOOKS

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)	OAKLAND MERCY HOSPITAL	P	272,383	PER BOOKS
(1)	OAKLAND MERCY HOSPITAL	Q	396,157	PER BOOKS
(2)	MERCY MEDICAL SERVICES	B	6,827,082	PER BOOKS
(3)	MERCY MEDICAL SERVICES	L	395,641	PER BOOKS
(4)	MERCY MEDICAL SERVICES	M	219,573	PER BOOKS
(5)	MERCY MEDICAL SERVICES	P	1,668,553	PER BOOKS
(6)	MERCY MEDICAL SERVICES	Q	2,079,789	PER BOOKS
(7)	MASON CITY AMBULATORY SURGERY CENTER LLC	C	3,254,452	PER BOOKS
(8)	MASON CITY AMBULATORY SURGERY CENTER LLC	L	353,334	PER BOOKS
(9)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	B	260,522	PER BOOKS
(10)	MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	C	480,348	PER BOOKS
(11)	MERCYUSP HEALTH VENTURES LLC	C	11,122,708	PER BOOKS
(12)	DUBUQUE MERCY HEALTH FOUNDATION	C	1,549,540	PER BOOKS
(13)	DUBUQUE MERCY HEALTH FOUNDATION	L	434,924	PER BOOKS
(14)	MAGNETIC RESONANCE SERVICES PARTNERSHIP	C	937,564	PER TAX RETURN
(15)	DYERSVILLE MERCY HEALTH FOUNDATION INC	C	121,175	PER BOOKS