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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

ROBERT RITZ  
1111 6TH AVENUE  
DES MOINES, IA 50314

D Employer identification number

31-1373080

E Telephone number

(515) 643-5300

G Gross receipts \$ 756,573,465

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 HEALTH CARE AND HOSPITAL SERVICES

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

5

4

6,107

539

35,448,766

-180,624

Revenue

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

5,233,834

4,945,586

676,675,916

692,487,944

5,861,372

10,983,190

46,159,460

45,518,215

733,930,582

753,934,935

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

5,629,417

2,603,209

0

0

395,030,557

404,327,954

732,440,156

737,029,001

1,490,426

16,905,934

Net Assets or Fund Balances

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

691,411,962

701,650,755

293,892,931

306,926,620

397,519,031

394,724,135

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

RODNEY SCHLADER TREASURER

Type or print name and title

2019-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**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

MERCYONE SERVES WITH FIDELITY TO THE GOSPEL AS A COMPASSIONATE, HEALING MINISTRY OF JESUS CHRIST TO TRANSFORM THE HEALTH OF OUR COMMUNITIES MERCY HEALTH SERVICES-IOWA IS A MEMBER OF MERCYONE

**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

<b>4a</b>	(Code )	(Expenses \$ 694,250,361	including grants of \$ 2,603,209	(Revenue \$ 698,814,466 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	694,250,361
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	Yes	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b> 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		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>28b</b> Yes	28b	Yes	
<b>28c</b> Yes	28c	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	950
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	51
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	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 . . . . .	<b>2a</b>	6,107
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	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)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	5		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	4		
<b>2</b> 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?	<b>2</b>		Yes	
<b>3</b> 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?	<b>3</b>			No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		Yes	
<b>9</b> 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.	<b>9</b>			No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> 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 ☐

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

Form **990** (2017)

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	3,237,270	13,500,652	1,794,745

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 ▶ 316

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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	13,172,235
UNITED CLINICAL LABORATORIES 205 BLUFF STREET DUBUQUE, IA 52001	LABORATORY SERVICES	8,520,815
CONLON CONSTRUCTION PO BOX 3400 DUBUQUE, IA 52004	CONSTRUCTION SERVICES	3,431,695
W A KLINGER LLC 2015 7TH ST SIOUX CITY, IA 51101	CONSTRUCTION SERVICES	3,098,693
MEDICAL ASSOCIATES CLINIC PC 200 MERCY DRIVE DUBUQUE, IA 52001	MEDICAL SERVICES	3,054,703

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 111</p>	
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**Part VIII** **Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>			
<b>d</b> Related organizations . . . . .	<b>1d</b>	2,878,348		
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,358,967		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	708,271		
<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .		4,945,586		

Program Service Revenue

	Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE . . . . .	622110	618,990,199	618,990,199		
<b>b</b> PHARMACY REVENUE . . . . .	446110	72,145,443	40,744,443	31,401,000	
<b>c</b> LABORATORY REVENUE . . . . .	621500	1,352,302		1,352,302	
<b>d</b> . . . . .					
<b>e</b> . . . . .					
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		692,487,944			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,622,161			4,622,161
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	1,061,881				
<b>b</b> Less rental expenses . . . . .	1,057,097				
<b>c</b> Rental income or (loss) . . . . .	4,784				
<b>d</b> Net rental income or (loss) . . . . .		4,784			4,784
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	6,810,904	377,225			
<b>b</b> Less cost or other basis and sales expenses . . . . .	0	827,100			
<b>c</b> Gain or (loss) . . . . .	6,810,904	-449,875			
<b>d</b> Net gain or (loss) . . . . .		6,361,029			6,361,029
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	1,429,427			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	754,333			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		675,094		544,303	130,791
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> MANAGEMENT REVENUE . . . . .	541618	4,411,465	2,863,584	1,547,881	
<b>b</b> CAFETERIA REVENUE . . . . .	722514	3,534,069			3,534,069
<b>c</b> GOV'T SUBSIDY-EHR . . . . .	622110	272,083	272,083		
<b>d</b> All other revenue . . . . .		36,620,720	35,944,157	603,280	73,283
<b>e Total.</b> Add lines 11a-11d . . . . .		44,838,337			
<b>12 Total revenue.</b> See Instructions . . . . .		753,934,935	698,814,466	35,448,766	14,726,117

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,556,038	2,556,038		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	47,171	47,171		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,329,572		4,329,572	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	126,454	126,454		
<b>7</b> Other salaries and wages.	272,883,706	253,969,309	18,914,397	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,580,964	8,019,845	561,119	
<b>9</b> Other employee benefits.	26,052,055	24,110,002	1,942,053	
<b>10</b> Payroll taxes.	18,125,087	16,629,222	1,495,865	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	4,932,841	4,525,733	407,108	
<b>b</b> Legal.	139,749		139,749	
<b>c</b> Accounting.	4,200		4,200	
<b>d</b> Lobbying.	1,725		1,725	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	419,220		419,220	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	86,768,203	83,822,045	2,946,158	
<b>12</b> Advertising and promotion.	2,356,304	2,161,838	194,466	
<b>13</b> Office expenses.	7,676,132	7,042,620	633,512	
<b>14</b> Information technology.	31,734,161	29,115,138	2,619,023	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	13,637,126	12,511,653	1,125,473	
<b>17</b> Travel.	724,388	664,604	59,784	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	542,933	498,125	44,808	
<b>20</b> Interest.	8,431,357	8,431,357		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	40,121,383	36,810,161	3,311,222	
<b>23</b> Insurance.	3,980,668	3,652,143	328,525	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	145,195,338	145,195,338		
<b>b</b> INTERCO PURCHASED SVCS	24,463,852	22,444,848	2,019,004	
<b>c</b> BAD DEBT EXPENSE	13,709,841	13,709,841		
<b>d</b> EQUIPMENT MAINTENANCE	12,289,478	11,275,226	1,014,252	
<b>e</b> All other expenses	7,199,055	6,931,650	267,405	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	737,029,001	694,250,361	42,778,640	0
<b>26</b> 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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		4,120,480	<b>1</b>	2,776,916
	<b>2</b>	Savings and temporary cash investments . . . . .		68,867	<b>2</b>	65,086
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	255,894
	<b>4</b>	Accounts receivable, net . . . . .		88,336,248	<b>4</b>	86,312,549
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		2,513,815	<b>7</b>	2,111,566
	<b>8</b>	Inventories for sale or use . . . . .		17,885,990	<b>8</b>	18,654,949
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,781,302	<b>9</b>	1,848,649
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	561,296,525		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	352,976,478		
				224,583,676	<b>10c</b>	208,320,047
	<b>11</b>	Investments—publicly traded securities . . . . .		147,492,747	<b>11</b>	181,128,256
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		122,001,747	<b>12</b>	109,368,666
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		82,627,090	<b>15</b>	90,808,177	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		691,411,962	<b>16</b>	701,650,755	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		62,044,254	<b>17</b>	65,233,082
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		537,295	<b>19</b>	134,385
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		4,270,948	<b>23</b>	4,623,325
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		227,040,434	<b>25</b>	236,935,828
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		293,892,931	<b>26</b>	306,926,620
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		397,162,746	<b>27</b>	393,682,301
	<b>28</b>	Temporarily restricted net assets . . . . .		331,285	<b>28</b>	1,016,834
	<b>29</b>	Permanently restricted net assets . . . . .		25,000	<b>29</b>	25,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		397,519,031	<b>33</b>	394,724,135
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		691,411,962	<b>34</b>	701,650,755

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	753,934,935
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	737,029,001
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	16,905,934
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	397,519,031
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,104,955
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-25,805,785
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	394,724,135

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2017)

**Form 990, Part III, Line 4a:**

MERCY HEALTH SERVICES-IOWA (MHS-IA) IS COMPRISED OF FOUR HOSPITAL DIVISIONS IN THE STATE OF IOWA THAT PROVIDED OVER 147,000 PATIENT DAYS OF HEALTH CARE 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](http://WWW.TRINITY-HEALTH.ORG/IOWA)

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 RITZ ..... DIRECTOR, REGIONAL PRESIDENT & CEO	1 00 ..... 1 00	X		X				0	0	0
MILTON AVERY ..... DIRECTOR, CHAIR	1 00 ..... 1 00	X		X				0	0	0
MARY CORITA HEID RSM ..... DIRECTOR, VICE CHAIR	1 00 ..... 1 00	X		X				0	0	0
MAURITA SOUKUP RSM ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
RALPH REEDER MD ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
RODNEY SCHLADER ..... TREAS/CFO, INT CEO MERCY SC AT 10/17	54 00 ..... 1 00			X				0	382,474	50,871
MARCIA SMITH ..... SECRETARY, ASSOC COUNSEL MERCYONE	1 00 ..... 44 00			X				0	365,778	40,617
JAMES FITZPATRICK ..... PRESIDENT & CEO SIOUX CITY THR 10/17	53 00 ..... 2 00				X			0	711,552	688,196
DANIEL VARNUM ..... CEO NORTH IOWA	55 00 ..... 0 00				X			0	748,224	47,079
PAUL MANTERNACH ..... SVP PHYS INTEGRATION/CMO NORTH IOWA	50 00 ..... 0 00				X			0	452,076	41,936

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			
KAY TAKES ..... PRESIDENT DUBUQUE	54 00 ..... 1 00				X			0	386,224	51,023
DIANE FISCHELS ..... VP COO NORTH IOWA	50 00 ..... 0 00				X			0	367,304	39,155
HUGH DEPAULIS ..... VP FINANCE SIOUX CITY THROUGH 10/17	46 00 ..... 4 00				X			0	246,097	37,981
DANETTE ZOOK ..... VP FINANCE NORTH IOWA	48 00 ..... 2 00				X			0	235,148	46,248
LAWRENCE VOLZ ..... CMO SIOUX CITY	50 00 ..... 0 00				X			0	207,496	8,531
KIM DUWE ..... VP FINANCE DUBUQUE	48 00 ..... 2 00				X			0	205,243	32,236
BYRON CARLSON ..... PHYSICIAN, FAMILY MEDICINE NORTH IA	50 00 ..... 0 00					X		816,810	0	52,637
MICHAEL LAMPE ..... PHYSICIAN, FAMILY MEDICINE NORTH IA	50 00 ..... 0 00					X		767,537	0	31,668
MARK HAGANMAN ..... PHYSICIAN, FAMILY MEDICINE NORTH IA	50 00 ..... 0 00					X		752,941	0	41,110
BRENT OWEN ..... PHYSICIAN, FAMILY MEDICINE NORTH IA	50 00 ..... 0 00					X		745,565	0	43,419

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			
JEROME PIERSON ..... PHYSICIAN, HEART CENTER NORTH IOWA	50 00 ..... 0 00					X		154,417	586,781	26,588
JUDITH PERSICHILLI ..... FORMER OFFICER	0 00 ..... 0 00						X	0	488,854	383
PAUL NEUMANN ..... FORMER OFFICER, TRIN CHIEF LEGAL CNSL	0 00 ..... 55 00						X	0	1,313,002	45,218
BENJAMIN CARTER ..... FORMER OFFICER, TRINITY HEALTH CFO	0 00 ..... 55 00						X	0	1,622,886	50,779
RICHARD GILFILLAN MD ..... FORMER OFFICER, TRINITY HEALTH CEO	0 00 ..... 55 00						X	0	2,676,564	48,664
RICHARD O'CONNELL ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	880,863	16,625
TERESA MOCK MD ..... FORMER KE, SVP CCO AND CPHO N IOWA	50 00 ..... 0 00						X	0	390,135	36,997
LINDA KREI ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	118,933	92
GARY GUETZKO ..... FORMER KE, VP BUS DEVELOPMENT DUBUQUE	49 00 ..... 1 00						X	0	255,285	38,293
BRIAN MONSMA ..... FORMER KE, VP NTKW DVLP SC THR 8/17	48 00 ..... 2 00						X	0	224,652	191,846



**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			
TRACY LARSON ..... FORMER KEY EMPLOYEE, CNO SIOUX CITY	49 00 ..... 1 00						X	0	219,616	36,202
KIMBERLY CHAMBERLIN ..... FORMER KEY EMPLOYEE, CNO NORTH IOWA	49 00 ..... 1 00						X	0	230,569	25,479
SUE MEADE ..... FORMER KE, VP PROF SVCS DUBUQUE	50 00 ..... 0 00						X	0	184,896	24,872

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ 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 )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			



Additional Data

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

**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)

<b>Facts And Circumstances Test</b>

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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-
1				
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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		113,275
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,725
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			115,000
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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. OUR 2017 AND 2018 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDE: GOAL 1: IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES - COVERAGE AND ACCESS TO MENTAL AND PHYSICAL HEALTH SERVICES - INSURANCE PROTECTIONS - MEDICAID EXPANSION - HIX SUSTAINABILITY - BEHAVIORAL HEALTH INTEGRATION - PALLIATIVE CARE - SUBSTANCE ABUSE/OPIOIDS - TOBACCO - OBESITY/NUTRITION - HEALTH EQUITY GOAL 2: SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - INNOVATIVE DELIVERY AND PAYMENT MODELS - ALTERNATIVE PAYMENT MODELS (SIM/MACRA) - HIT/INTEROPERABILITY - WORKFORCE - MEDICAID INNOVATION - MEANINGFUL & STANDARD MEASURERS - TELEHEALTH - TRANSPARENCY

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134024029											
<b>SCHEDULE D</b> (Form 990)		<b>Supplemental Financial Statements</b>			OMB No 1545-0047										
Department of the Treasury Internal Revenue Service		<p>► 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.</p> <p><b>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>			<b>2017</b>										
Name of the organization MERCY HEALTH SERVICES - IOWA CORP		Employer identification number 31-1373080			<b>Open to Public Inspection</b>										
<b>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</b> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No											
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Part II Conservation Easements.</b> 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)															
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area															
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure															
<input type="checkbox"/> Preservation of open space															
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year															
<table><tr><td colspan="2">Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>						Held at the End of the Year		2a		2b		2c		2d	
Held at the End of the Year															
2a															
2b															
2c															
2d															
a Total number of conservation easements															
b Total acreage restricted by conservation easements															
c Number of conservation easements on a certified historic structure included in (a)															
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register															
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►															
4 Number of states where property subject to conservation easement is located ►															
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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															
<b>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</b> 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 ► \$															
For Paperwork Reduction Act Notice, see the Instructions for Form 990.															
Cat No 52283D		Schedule D (Form 990) 2017													

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	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

b

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

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

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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		9,292,912		9,292,912
b Buildings		325,453,969	199,306,099	126,147,870
c Leasehold improvements				
d Equipment		204,990,333	153,310,378	51,679,955
e Other		21,559,311	360,001	21,199,310
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				208,320,047

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	39,260,547	F
(B) EQUITY METHOD INVESTMENTS	47,673,521	C
(C) HEDGE FUNDS	22,434,598	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	109,368,666	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	24,892,267
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	1,952,198
(3) INVESTMENT IN AFFILIATES	16,302,568
(4) OTHER ASSETS	2,651,194
(5) INTERCOMPANY LT PREPAID INFO SYSTEMS	45,009,950
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ▶	90,808,177

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	8,504,339
DEFERRED COMPENSATION	8,697,147
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	4,455,836
INTERCOMPANY NOTES PAYABLE	203,609,645
ANNUITY PAYABLE	46,841
OTHER CURRENT LIABILITIES	933,714
INTERCOMPANY OTHER LIABILITIES	386,441
OTHER LONG-TERM LIABILITIES	70,945
OVERDRAFT IN POOLED INVESTMENT	10,230,920
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	236,935,828

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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
See Additional Data Table	



**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	8,504,339
DEFERRED COMPENSATION	8,697,147
LONG TERM ASSET RETIREMENT OBLIGATION (FIN 47)	4,455,836
INTERCOMPANY NOTES PAYABLE	203,609,645
ANNUITY PAYABLE	46,841
OTHER CURRENT LIABILITIES	933,714
INTERCOMPANY OTHER LIABILITIES	386,441
OTHER LONG-TERM LIABILITIES	70,945
OVERDRAFT IN POOLED INVESTMENT	10,230,920

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS OF MERCY HEALTH SERVICES - IOWA INCLUDE \$25,000 KNOWN AS THE VIANNA HO LSCHLAG 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

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	OMB No 1545-0047  <h1 style="margin:0;">2017</h1> <p><b>Open to Public Inspection</b></p>
<b>Name of the organization</b> MERCY HEALTH SERVICES - IOWA CORP		<b>Employer identification number</b> 31-1373080

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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			
<b>a</b> 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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</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 _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> 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?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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
<b>a</b> Financial Assistance at cost (from Worksheet 1)	4	12,449	7,687,904		7,687,904	1 060 %
<b>b</b> Medicaid (from Worksheet 3, column a)	61	71,101	78,324,925	59,738,872	18,586,053	2 570 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	65	83,550	86,012,829	59,738,872	26,273,957	3 630 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	72	90,599	4,500,050	545,650	3,954,400	0 550 %
<b>f</b> Health professions education (from Worksheet 5)	11	401	3,579,598	1,046,965	2,532,633	0 350 %
<b>g</b> Subsidized health services (from Worksheet 6)	21	42,683	18,945,855	11,228,406	7,717,449	1 070 %
<b>h</b> Research (from Worksheet 7)	4	253	193,420	47,052	146,368	0 020 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	37	62,817	759,659	58,725	700,934	0 100 %
<b>j Total.</b> Other Benefits	145	196,753	27,978,582	12,926,798	15,051,784	2 090 %
<b>k Total.</b> Add lines 7d and 7j	210	280,303	113,991,411	72,665,670	41,325,741	5 720 %

Part II

Community 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	2	60	1,379		1,379	0 %
3 Community support	1		2,644		2,644	0 %
4 Environmental improvements	2	169	8,084		8,084	0 %
5 Leadership development and training for community members	1	2,773	12,032		12,032	0 %
6 Coalition building						
7 Community health improvement advocacy	1	515	659		659	0 %
8 Workforce development	1	60	177		177	0 %
9 Other						
10 Total	8	3,577	24,975		24,975	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
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	13,709,841	
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	236,632,767
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	257,179,328
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-20,546,561
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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 IV

Management Companies and Joint Ventures

(a) Name of entity <small>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)</small>	(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 LLC	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 10 UNITED CLINICAL LABORATORIES INC	MEDICAL LABORATORY	33.330 %		33.330 %
11 11 SSC MOB1 LLC	MEDICAL OFFICE BUILDING	13.180 %		49.800 %
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)

		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
	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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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-NORTH IOWA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

MERCY MEDICAL CENTER-NORTH IOWA

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY MEDICAL CENTER-NORTH IOWA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
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)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	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 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)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

MERCY MEDICAL CENTER-SIOUX CITY

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY MEDICAL CENTER-SIOUX CITY

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
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)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	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 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)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

MERCY MEDICAL CENTER-DUBUQUE

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY MEDICAL CENTER-DUBUQUE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	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)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b>	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)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

DUNES SURGICAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b>	No
If "No," indicate why		
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

DUNES SURGICAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

MERCY MEDICAL CENTER-NEW HAMPTON

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY MEDICAL CENTER-NEW HAMPTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method
- 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
- 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

	Yes	No
<b>23</b>		No
<b>24</b>		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):** \_\_\_\_\_

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**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
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)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	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 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)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

MERCY MEDICAL CENTER-DYERSVILLE

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V** **Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY MEDICAL CENTER-DYERSVILLE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**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? **16**

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



**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

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$13,709,841, 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)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>MERCY MEDICAL CENTER-SIOUX CITY (MERCY SC) MERCY SC CONTINUED TO COLLABORATE WITH COMMUNITY PARTNERS IN FISCAL YEAR 2018 TO PROMOTE ACTIVITIES THAT IMPROVE POPULATION HEALTH WE CONTINUED TO BE COMMITTED TO LEADERSHIP DEVELOPMENT TRAINING FOR OUR COMMUNITY AND MANY COLLEAGUES OF MERCY SC AND DUNES SURGICAL HOSPITAL (DUNES) ARE INVOLVED IN COMMUNITY BOARDS THAT HELP DEVELOP LEADERSHIP SKILLS FOR INDIVIDUALS IN OUR COMMUNITY 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 NEW HORIZONS-CHAMBER, 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 MERCY NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA MERCY NH'S PUBLIC RELATIONS MANAGER AND CEO SERVE ON THE BOARD OF DIRECTORS FOR THE INDUSTRIAL DEVELOPMENT CORPORATION, WHICH WORKS TO IMPROVE THE QUALITY OF LIVING IN THE NEW HAMPTON AREA THE WORK INDUSTRIAL DEVELOPMENT CORPORATION ALSO TIES INTO WORKFORCE DEVELOPMENT AND COLLABORATING WITH OUR AREA COMMUNITY COLLEGES AND INDUSTRIES TO ENHANCE THEIR WORKFORCE MERCY NH'S CEO SERVES ON THE NORTHEAST IOWA COMMUNITY COLLEGE (NICC) SECTOR BOARD, WHICH WORKS TO DEVELOP CURRICULUM AT NICC THAT SUPPORTS THE NEEDS OF LOCAL EMPLOYERS AND AREA STUDENTS MERCY NH'S PUBLIC RELATIONS MANAGER ALSO SERVES ON THE NEW HAMPTON ROTARY CLUB'S BOARD OF DIRECTORS AND IS THE PUBLIC IMAGE CHAIR FOR ROTARY DISTRICT 5970 BEING ACTIVE IN ROTARY NOT ONLY HELPS IMPROVE OUR LOCAL COMMUNITY BUT THEY ALSO WORK INTERNATIONALLY ON SERVICE PROJECTS WITH THE MOST NOTABLE ONE BEING "END POLIO NOW " WORKING CLOSELY WITH OTHER HEALTH CARE PARTNERS IN OUR COMMUNITY IS A PRIORITY FOR MERCY NH MERCY NH'S CHIEF NURSING OFFICER SERVES ON THE PRAIRIE VIEW MANAGEMENT BOARD, WHICH OVERSEES THE HERITAGE RESIDENCE LOCATED IN NEW HAMPTON THE HERITAGE RESIDENCE IS A 15-BED RESIDENTIAL CARE FACILITY THAT OFFERS ON-SITE PSYCHIATRIC SERVICES, SUBSTANCE ABUSE COUNSELING, AND COMMUNITY INTEGRATED ACTIVITY PROGRAM THE HERITAGE RESIDENCE ALSO HAS HOME AND COMMUNITY BASED SERVICES FOR THOSE INDIVIDUALS ON ID WAIVER OR HABILITATION SERVICES MERCY NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS MERCY NH HAS STARTED A PROGRAM FOR COLLECTING PILL BOTTLES FOR RECYCLING TO HELP REDUCE THESE HAZARDS MERCY NH PRIDES ITSELF ON BEING A COMMUNITY HEALTH IMPROVEMENT ADVOCATE MERCY NH PROVIDES SUPPORT AND EXPERTISE TO THE CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING THIS PARTNERSHIP INCLUDES ACTIVE INVOLVEMENT FROM ALL OF OUR FAMILY MEDICINE PHYSICIANS, CEO, AND THE WELLNESS COORDINATOR AND RECENTLY EXPANDED ITS SCOPE OF WORK TO INCLUDE REDUCING DRUG USE IN OUR AREA TEENAGERS AS WELL MERCY NH WAS RECENTLY INVOLVED WITH CREATING A YOUTH SOCCER BOOSTERS COALITION TO ENCOURAGE YOUTH ACTIVITIES THAT CAN WORK TOWARDS LESSENING CHILDHOOD OBESITY MERCY NH CONTINUES TO WORK WITH THE SOCCER BOOSTERS AND THE AREA HIGH SCHOOLS TO ADD SOCCER PROGRAMS AT THE HIGH SCHOOL LEVEL</p>

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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 FINANCIAL ASSISTANCE (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

**990 Schedule H, Supplemental Information**

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 14 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 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>



**990 Schedule H, Supplemental Information**

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 HEALTH CARE 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>

## 990 Schedule H, Supplemental Information

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 HOSPITAL'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

**990 Schedule H, Supplemental Information**

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</p> <p>MERCY MEDICAL CENTER-NORTH IOWA (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 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</p> <p>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</p> <p>GENERAL POVERTY, HOMELESSNESS, EDUCATION AND HUNGER</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA 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, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE 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 HEALTH CARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE 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 OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY 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 MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY 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 14 COUNTIES IN NORTH CENTRAL IOWA THE PRIMARY SERV ICE AREA INCLUDES CERRO GORDO AND WORTH COUNTIES AND THE SECONDARY SERVICE AREA INCLUDES B UTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT COUNTIES THE TOTAL POPULATION OF THE 14-COUNTY SERVICE AREA IS 198, 134 REPRESENTING 85,574 HOUSEHOLDS (2017 CENSUS DATA) IN THE TOTAL SERVICE AREA, 21% ARE OVER AGE 65, AS COMPARED WITH 17% FOR THE STATE OF IOWA AS A WHOLE, AND 16% FOR THE UNITED STATES TWENTY-TWO PERCENT OF THE SERVICE AREA IS CHILDREN UNDER THE AGE OF 18 NINETY-SI X PERCENT OF THE SERVICE AREA IS WHITE, COMPARED WITH 91% FOR IOWA AND 77% FOR THE COUNTRY AS A WHOLE FOUR PERCENT OF THE WHITE POPULATION IS HISPANIC IN THE NORTH IOWA AREA NEAR LY 5% OF THE SERVICE AREA IS UNINSURED, COMPARED WITH 5 5% IN IOWA AND 10 2% NATIONALLY M ERCY MEDICAL CENTER-DUBUQUE (MERCY DUBUQUE) AND MERCY MEDICAL CENTER-DYERSVILLE (MERCY DYE RSVILLE)'S PRIMARY SERVICE AREA IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED M EDICALLY UNDERSERVED AREA THIS DEFINITION OF THE COMMUNITY IS BASED ON THE RESIDENCE OF T HE HOSPITALS' PATIENTS IN CALENDAR YEAR 2014, 61 6% OF MERCY DUBUQUE'S INPATIENT CASES AN D 75 2% OF MERCY DUBUQUE'S EMERGENCY DEPARTMENT CASES WERE FOR DUBUQUE COUNTY RESIDENTS, W HILE 93 8% OF MERCY DYERSVILLE'S INPATIENT CASES AND 77 7% OF MERCY DYERSVILLE'S EMERGENCY DEPARTMENT CASES WERE FOR DUBUQUE COUNTY RESIDENTS BEYOND DUBUQUE COUNTY, RESIDENTS' USE OF THE HOSPITAL IS MORE SCATTERED IN 2014, FOR EXAMPLE, MERCY DUBUQUE AND MERCY DYERSVIL LE DISCHARGED INPATIENTS WHO RESIDED IN 18 DIFFERENT STATES DUBUQUE COUNTY'S POPULATION IN 2012 WAS 95,097 THE POPULATION GREW ABOUT 5% BETWEEN 2000 AND 2010 OF THE POPULATION, 7 3% IS URBAN AND 27% IS RURAL IT HAS AN AVERAGE POPULATION DENSITY OF 156 PEOPLE PER SQUAR E MILE IN MARCH 2012, THE COST OF LIVING INDEX FOR DUBUQUE COUNTY WAS 86 8, COMPARED TO T HE US AVERAGE OF 100 WHITE NON-HISPANIC PEOPLE COMPRISE 92 9% OF THE POPULATION, BLACK NO N-HISPANICS 2 6%, HISPANIC OR LATINO 1 9%, TWO OR MORE RACES 1 2%, AND ASIAN 0 9% THE MED IAN RESIDENT AGE IS 38 0 YEARS, THE SAME AS IOWA'S IN ADDITION TO MERCY DUBUQUE AND MERCY DYERSVILLE, UNITYPOINT HEALTH FINLEY HOSPITAL IS THE THIRD HOSPITAL LOCATED IN DUBUQUE CO UNTY MERCY SC AND DUNES SIOUX CITY, IOWA SERVES AS THE REGIONAL HUB FOR BUSINESS, EMPLOYME NT, INDUSTRY, RETAIL TRADE, MEDICAL CARE, AND EDUCATIONAL OPPORTUNITIES SIX COUNTIES IN T HE TRI-STATE AREA OF NORTHWESTERN IOWA, NORTHEASTERN NEBRASKA, AND SOUTHWESTERN SOUTH DAKO TA ARE INCLUDED IN THE SIOUXLAND COMMUNITY HEALTH NEEDS ASSESSMENT INDIVIDUALS RESIDING I N THESE COUNTIES LIVE WITHIN A 40-MILE RADIUS OF SIOUX CITY THE AREA INCLUDES THE IOWA CO UNTIES OF WOODBURY AND PLYMOUTH, THE NEBRASKA COUNTIES OF DAKOTA, DIXON, AND THURSTON, AND THE SOUTH DAKOTA COUNTY OF UNION THE TOTAL AREA FOR THESE COUNTIES IS 3,354 SQUARE MILES , WITH WOODBURY AND PLYMOUTH REPRESENTING 52% OF THE TOTAL AREA THE SIOUXLAND REGION HAS A TOTAL CURRENT POPULATION OF 177,740 WITH AN ESTIMATED 1% INCREASE BY 2020 ABOUT 22% OF T HE 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 UN EMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION - WOODBURY, PLYMOUTH, AND DAKOTA - WAS 3 5%, 2 5%, AND 3 9% RESPECTIVELY THE UNEMPLOYMENT RATE FOR THURSTON COUNTY, WITH A P OPULATION OF APPROXIMATELY 7,000, HAS RISEN TO 6% WOODBURY COUNTY HAS A POPULATION OF 104 ,080, WHICH REPRESENTS 59% OF THE SIOUXLAND REGIONAL TOTAL THE COMMUNITY RESIDENTS OF SIO UX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION PLYMOUT H COUNTY HAS A POPULATION OF 23,085, OR 13% OF THE SIOUXLAND REGIONAL TOTAL THE LARGEST C OMMUNITY IN THE COUNTY IS LEMARS WITH A POPULATION OF 12,600 AT 12% OF THE REGIONAL POPUL ATION, DAKOTA COUNTY HAS A POPULATION OF 21,660 SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RE SIDENTS REPRESENT 84% OF THE COUNTY POPULATION UNION COUNTY HAS A POPULATION OF 16,200, W HICH REPRESENTS 9% OF THE REGIONAL TOTAL NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENT S 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 O F 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 PRIM</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ARY 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 ACCORDI NG TO THE U S CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,005 IN 20 17 CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 3 5% PERCENT DECLINE IN POPULATION FROM 2010 TO 2017 THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY INDIVIDUALS IN THE AREA OF THE CHICKASAW PO PULATION, 20 5% WERE OVER AGE 65 IN 2017, COMPARED TO 16 7% FOR THE STATE AND 15 6% FOR TH E NATION IOWA RANKS TWELFTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65 THIS LARGE PE RCENTAGE 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, REPRESENTS THE BIGGEST USERS OF HEALTH CARE SERVICES IN ADDITION, MEDICA RE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS APPROXIMATE LY 49 0% OF MERCY NH'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM ME DICARE PATIENTS THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT \$48,013 IN 2016 INDIVIDUALS BELOW THE POVERTY LEVEL COMPRISE 10 9% OF THE POPULATION THE FISCAL YEAR 2018 PAYER MIX AT POINT OF REGISTRATION INCLUDES 45 1% COVERED BY MEDICARE, 10 5% COV ERED BY MEDICAID AND 4 1% SELF-PAY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>OTHER INFORMATION - MERCY NI HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 19 78 THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADV ANTAGE OF ALL THE RESOURCES WE HAVE TO OFFER AS A MAJOR REFERRAL CENTER MERCY NI IS INTEN TIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE CARE ORGANIZATION RELATIONSHIPS AND COLLABORAT ING WITH COMMUNITY HEALTH PROVIDERS AND SOCIAL SERVICE AGENCIES, IN CREATING A SYSTEM OF C ARE COORDINATION PROCESSES AS A TEACHING HOSPITAL, WE HOST A THREE-YEAR FAMILY PRACTICE R ESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY THE HOSPITA L SERVES AS A CLINICAL SITE FOR STUDENTS WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIF IED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART &amp; VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, VASCULAR AND WOUND, LEVEL II BIRTH, AND LEVEL II EME RGENCY CENTERS EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY BECAUSE OF THE NEED BY INDIGENT ADULTS FOR DENTAL CARE, WE PROVIDE A SUITE WITH TWO FULL Y FURNISHED OPERATORIES TO ACCOMMODATE EMERGENT DENTAL NEEDS PARTNERSHIP FOR A TOBACCO FR EE CERRO GORDO COUNTY IS A COALITION THAT INCLUDES CERRO GORDO COUNTY DEPT OF PUBLIC HEAL TH, FREEDOM FROM SMOKING, AND SMOKE FREE HOMES PROGRAMS, WHICH FOCUS ON COMMUNITY GOALS TA RGETING TOBACCO USE AND OBESITY WE SUPPORTED OVER THE COUNTER NICOTINE REPLACEMENT THERAP Y FOR THOSE WITH INCOME LIMITATIONS WE WORKED WITH WHOLLY OWNED CLINIC NETWORK CLINICIANS TO SCREEN AND REFER FOR CESSATION WE SPONSORED FREEDOM FROM SMOKING FACILITATOR TRAINING FOR TWO COMMUNITY PARTNERS OUR BABY FRIENDLY JOURNEY HAS ACCOMPLISHED ADDITIONAL MILESTO NES IN THE IMPLEMENTATION PROCESS AND BREASTFEEDING POLICY DEVELOPMENT MERCY NI FURTHER IN VESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY PROVIDING - PRE-DIABETES CLAS SES AND SUPPORT GROUP MEETINGS AT NO CHARGE - SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) COUNSELING BY SHIIP VOLUNTEERS- SUPPORT FOR TRANSPORTATION TO ELIMINATE BARRIERS T O HEALTH CARE- SUPPORT FOR THOSE WHO ARE HOMELESS - COLLABORATION TO SUPPORT A SELF-SUFFIC IENCY PROGRAM- MERCY FAMILY HEALTH LINE, A 24-HOUR/7-DAY A WEEK TELEPHONE MEDICAL TRIAGE A ND 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 AUXILIARYMERCY NI AND CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH COLLABORAT ED TO SUPPORT THE 5- 2- 1- 0 IOWA HEALTHY STATE PROGRAM THROUGH A PLACED BASED GRANT FROM TRINITY HEALTH'S COMMUNITY HEALTH &amp; WELL BEING DEPARTMENT THE GRANT WAS USED TO INSTALL R EFILLABLE WATER BOTTLE DRINKING FOUNTAINS WITHIN MASON CITY AND SURROUNDING SCHOOLS TO ADD RESS CHILDHOOD OBESITY MERCY DUBUQUE AND MERCY DYERSVILLE ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS, WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY MERCY D UBUQUE ALSO PROVIDES SEVERAL SERVICES THAT ARE UNIQUE TO THE COMMUNITY, INCLUDING OPEN-HEA RT SURGERY, NEONATAL INTENSIVE CARE AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES MERCY DU BUQUE AND DYERSVILLE CONTINUE TO LEAD THE OPIOID RESPONSE TEAM MEETINGS, WHICH BRINGS TOGE THER COMMUNITY LEADERS TO ADDRESS THE OPIOID CRISIS IN A COORDINATED FASHION MERCY DUBUQU E IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL WIT H THIS, WE ARE CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NE ED PROJECTS WE ARE ALSO INVOLVED IN THE DOUBLE-UP BUCKS PROMOTION - FARMERS' MARKET COLLA BORATION, WHICH 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 FRUI TS AND VEGETABLES AT THE FARMERS MARKET MERCY DUBUQUE COLLABORATES WITH THE SINSINAWA COLL ABORATIVE FARM TO SERVE THE NEEDS OF BEGINNING FARMERS WITH ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES WE COLLABORATED WITH THE FAR M TO INSTITUTIONS NETWORK AND PROCUREMENT IN THE LONG-TERM STRATEGIC PLAN FOR INCREASING T HE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS WE PARTNERED WITH DUB UQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQU E ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT MERCY SC HAS EARNED MORE NATIONAL RECOGNITION FOR QUALITY PATIENT OUTCOM ES THAN ANY OTHER HOSPITAL IN THE REGION THE MEDICAL CENTER HAS EARNED MULTIPLE HONORS FO R EXCELLENCE IN CLINICAL AREAS, INCLUDING CARDIAC CARE AND STROKE CARE WE ARE SHIFTING FO CUS AND COMMITTING RESOURCES TO PEOPLE-CENTERED HEALTH CARE WE COLLABORATE WITH THE HEALT H COACHES TO PROVIDE SUPPORT TO PATIENTS POST DISC</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>HARGE FOR IMPROVED HEALTH IN THE COMMUNITY MERCY SC IS HOME TO THE ONLY LEVEL II TRAUMA C ENTER IN WESTERN IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA MERCY AIR C ARE, THE HOSPITAL'S HELICOPTER AMBULANCE SERVICE WE ARE INVOLVED IN A NUMBER OF COMMUNITY COLLABORATIONS, WHICH SUPPORT THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENCY) WE ALSO WORK CLOSELY WITH WINNEBAGO INDIAN HEALTH SERVICES TO CLOSE HEALTH OU TCOME DISPARITIES IN ADDITION, WE COLLABORATE WITH ST LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY COLLEGE, NORTHWESTERN COLLEGE, NORTHWEST COMMUNITY COLLEGE, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING IN FISC AL YEAR 2018, MERCY SC AND COMMUNITY PARTNERS WERE AWARDED THE FOLLOWING GRANTS "REINVENT THE REEL" WAS AWARDED SPECIFICALLY TO SIOUXLAND DISTRICT HEALTH, A PARTNER OF MERCY SC, W HO ORGANIZES THE TOBACCO FREE SIOUXLAND EFFORTS ALL THE REQUIREMENTS OF THE GRANT HAVE BE EN MET THROUGH WORKING WITH THE MAYORS YOUTH COMMISSION TO SUPPORT THE EFFORT TO END SMOKI NG ON SCREEN AND RAISING THE RATING TO "R" FOR IMAGES OF SMOKING SHOWN IN PG-13 MOVIES TWO PLACED BASED INVESTMENT GRANTS WERE AWARDED IN FISCAL YEAR 2018 TO MARY J TREGLIA COMMUN ITY HOUSE (MJTCH) AND SIOUXLAND DISTRICT HEALTH DEPARTMENT (SDHD), TO BEGIN TRANSFORMING O UR COMMUNITY ENVIRONMENT MJTCH RECEIVED A GRANT FOR "RENOVATION FOR WELLNESS" THE GRANT PROVIDED FUNDING FOR IMPROVEMENTS TO A GYMNASIUM THAT WAS NO LONGER BEING UTILIZED DUE TO ITS UNSAFE CONDITIONS BY REPAIRING THE ROOF AND FLOORING, THOSE RESIDING IN THE COMMUNITY WILL NOW HAVE ACCESS TO FREE EXERCISE SDHD RECEIVED A GRANT FOR "ACCESS TO HEALTHY FOODS " THIS GRANT WILL PROVIDE COMMUNITY GARDENS IN AREAS KNOWN AS FOOD DESERTS AND LOW INCOME THESE COMMUNITY GARDENS WILL BE PLACED AT APARTMENT COMPLEXES IN LOWER-INCOME NEIGHBORHO ODS, GIVING THEM ACCESS TO FREE FRUITS AND VEGETABLES THE COLLABORATIVE PARTNERS CONSIST OF IOWA STATE EXTENSION (MASTER GARDENERS), THE FOOD BANK OF SIOUXLAND, UP FROM THE EARTH, AND MERCY SC MERCY SC CONTINUED ADVOCACY ON TOBACCO 21 THROUGH OUR COLLABORATION WITH SD HD AND WAS AWARDED THE RIGHTS TO SHOW THE LEONARD NIMOY FILM IN OUR CONTINUED EFFORTS TO O UR REDUCE TOBACCO USE WE CREATED A REFERRAL PROCESS FOR OFFERING TO OUR COMMUNITY, THE DI ABETES PREVENTION PROGRAM WITH OUR CERTIFIED PARTNER NORM WAITT SR YMCA MERCY NH IS THE SOLE COMMUNITY PROVIDER OFFERING A RANGE OF SPECIALIZED SERVICES, DIABETES AND NUTRITION E DUCATION, AND AN EMERGENCY CENTER EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF T HEIR ABILITY TO PAY EMERGENCY SERVICES ARE PROVIDED AT A FINANCIAL LOSS, BUT ARE A CRITIC ALLY NEEDED SERVICE WE COOPERATE WITH OTHER AGENCIES TO IMPROVE OVERALL COMMUNITY HEALTH AND WELL-BEING WE SPONSOR A COMMUNITY GARDEN WHERE PRODUCE IS PROVIDED TO THE COMMUNITY'S FOOD PANTRY WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PR OVIDERS, IN ORDER TO MEET THE NEEDS OF OUR NORTHEAST IOWA COMMUNITIES MERCY NH PRIDES ITSE LF ON BEING COMMUNITY HEALTH IMPROVEMENT ADVOCATES OUR COMMUNITY WELLNESS PROGRAM CONTINU ES TO EXPAND AND IS CURRENTLY ACTIVE IN THE WALKING SCHOOL BUS PROGRAM, TOBACCO FREE COALI TION, COMMUNITY FOOD &amp; FITNESS INITIATIVE AND THE LOCAL FARMER'S MARKET WE PROVIDE SUPPOR T AND EXPERTISE TO THE CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING WE WO RK CLOSELY WITH NEW HAMPTON COMMUNITY SCHOOLS TO EDUCATE STUDENTS ABOUT HEALTH AND WELLNES S HANDWASHING LESSONS ARE TAUGHT TO ALL PRE-SCHOOL AND KINDERGARTEN CLASSES WE ALSO INVI TE ALL EIGHTH GRADE STUDENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTH CA RE CAREERS AVAILABLE TO THEM</p>



**990 Schedule H, Supplemental Information**

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 MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS 1 REDUCE TOBACCO USE 2 REDUCE OBESITY PREVALENCE3 ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH TRINITY HEALTH ACKNOWLEDGES 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) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH TRINITY HEALTH INVESTED \$3 6 MILLION IN FISCAL YEAR 2018 IN TCI IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES TRINITY HEALTH INVESTED OVER \$260,000 IN FISCAL YEAR 2018 IN GSI ADDITIONALLY, TRINITY HEALTH INVESTED \$500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE THE ORGANIZATION 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 IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER \$1 1 BILLION IN SUCH COMMUNITY BENEFITS FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG</p>

**Schedule H (Form 990) 2017**

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		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.MERCYONE.ORG/NORTHIOWA/ 170023H	X	X		X		X	X			
2	MERCY MEDICAL CENTER-DUBUQUE 250 MERCY DRIVE DUBUQUE, IA 52001 WWW.MERCYONE.ORG/DUBUQUE/ 310003H	X	X					X		REHAB,LAB,PHARM, X-RAY,HOME CARE	
3	MERCY MEDICAL CENTER-SIOUX CITY 801 FIFTH STREET SIOUX CITY,IA 51101 WWW.MERCYONE.ORG/SIOUXLAND/ 970112H	X	X					X		EMPLOYED PHYSICIANS, SKILLED CARE UNIT	
4	MERCY MEDICAL CENTER-NEW HAMPTON 308 NORTH MAPLE AVE NEW HAMPTON,IA 50659 WWW.MERCYONE.ORG/NEWHAMPTON/ 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								

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		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
6	MERCY MEDICAL CENTER-DYERSVILLE 1111 THIRD STREET SW DYERSVILLE, IA 52040 WWW.MERCYONE.ORG/DUBUQUE/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 3J N/APART V, SECTION B, LINE 3E MERCY MEDICAL CENTER-NORTH IOWA (MERCY NI) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES 2 DIABETES 3 COST OF HEALTH CARE 4 OBESITY 5 HEART DISEASE 6 HEALTHY FOOD NOT AVAILABLE 7 ELDER CARE 8 LACK OF MEDICAL PROVIDERS 9 LACK OF SOCIAL/EMOTIONAL SUPPORT 10 TRANSPORTATION TO HEALTH APPOINTMENTS

**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 3J N/APART V, SECTION B, LINE 3E MERCY MEDICAL CENTER-SIOUX CITY (MERCY SC) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 ACCESS TO CARE2 MENTAL ILLNESS3 HOUSING4 OBESITY5 TOBACCO & SUBSTANCE ABUSE6 CANCER 7 TEEN BIRTHS

**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 3J N/APART V, SECTION B, LINE 3E MERCY MEDICAL CENTER-DUBUQUE (MERCY DUBUQUE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 OPIOID USE AND ABUSE2 OBESITY & OVERWEIGHT3 ALCOHOL USE AND ABUSE4 MENTAL HEALTH ACCESS5 INFLUENZA IMMUNIZATIONS6 HEALTHY HOMES7 PRIMARY CARE ACCESS8 EMERGENCY/DISASTER PLANNING9 DRINKING WATER PROTECTION10 DENTAL CARE ACCESS11 SPECIALTY CARE ACCESS12 ELDER CARE ACCESS13 HIV/AIDS SCREENING AND PREVALENCE14 STD/STI SCREENING AND PREVALENCEIN THE MERCY DUBUQUE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES 1 ) HEALTHY BEHAVIORS AND LIFESTYLES, 2 ) DISEASE INFECTION CONTROL, 3 ) HEALTH CARE ACCESS, AND 4 ) ENVIRONMENTAL HEALTH

**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 3J N/APART V, SECTION B, LINE 3E DUNES SURGICAL HOSPITAL (DUNES) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 ACCESS TO CARE2 MENTAL ILLNESS3 HOUSING4 OBESITY5 TOBACCO & SUBSTANCE ABUSE6 CANCER 7 TEEN BIRTHS



**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 3J N/APART V, SECTION B, LINE 3E MERCY MEDICAL CENTER-NEW HAMPTON (MERCY NH) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 PRIMARY CARE ACCESS (INCLUDING CONTINUITY OF CARE)2 BEHAVIORAL HEALTH / CHEMICAL DEPENDENCY3 AREA PHARMACY DEMAND EXCEEDS AVAILABILITY4 MAINTAIN / INCREASE SPECIALTY SERVICES

**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 3J N/APART V, SECTION B, LINE 3E MERCY MEDICAL CENTER-DYERSVILLE (MERCY DYERSVILLE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS 1 OPIOID USE AND ABUSE2 OBESITY & OVERWEIGHT3 ALCOHOL USE AND ABUSE4 MENTAL HEALTH ACCESS5 INFLUENZA IMMUNIZATIONS6 HEALTHY HOMES7 PRIMARY CARE ACCESS8 EMERGENCY/DISASTER PLANNING9 DRINKING WATER PROTECTION10 DENTAL CARE ACCESS11 SPECIALTY CARE ACCESS12 ELDER CARE ACCESS13 HIV/AIDS SCREENING AND PREVALENCE14 STD/STI SCREENING AND PREVALENCEIN THE MERCY DYERSVILLE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES 1 ) HEALTHY BEHAVIORS AND LIFESTYLES, 2 ) DISEASE INFECTION CONTROL, 3 ) HEALTH CARE ACCESS, AND 4 ) ENVIRONMENTAL HEALTH

**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 2016 CHNA ASSESSMENT PERIOD, MERCY NI WORKED WITH AN INDEPENDENT CONSULTANT TO DESIGN AND COORDINATE THE CHNA PROCESS THE ASSESSMENT PERIOD SPANNED AUGUST 2016 THROUGH JANUARY 2017 WITH ADOPTION OF THE CNHA ON MARCH 1, 2017 BY THE BOARD OF DIRECTORS DURING THE ASSESSMENT PERIOD, MERCY NI'S TRAINED FACILITATOR LEAD A SERIES OF FOCUS GROUPS AND INTERVIEWS WHICH WERE HELD WITH MEMBERS OR REPRESENTATIVES OF THE FOLLOWING GROUPS LA LUZ HISPANA, HAMPTON, IA, WHICH PROVIDES SUPPORT AND RESOURCES TO AN UNDERSERVED HISPANIC COMMUNITY, COMMUNITY KITCHEN, WHICH SERVES FOOD TO THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY, FREE MEDICAL AND DENTAL CLINICS, WHICH SERVE THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY, AND THE COMMUNITY CARE COORDINATION PROGRAM, WHICH ASSISTS THOSE WHOM ARE SOCIALLY AND MEDICALLY UNDERSERVED THE FOLLOWING NONPROFIT COMMUNITY AGENCIES ALSO CONTRIBUTED IN THE FOCUS GROUPS AND INTERVIEWS CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATIONS, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, AND WELLSOURCE OF NORTH IOWA, ALL OF WHICH ADDRESS THE NEEDS OF THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY IN THE COMMUNITY A CHNA STEERING COMMITTEE, COMPRISED OF A REPRESENTATIVE FROM EACH OF THESE COMMUNITY AGENCIES, SUMMARIZED AND ANALYZED DATA THAT WAS OBTAINED FROM THE FOLLOWING THE COUNTY HEALTH RANKINGS FOR THE 14 COUNTIES IN THE MERCY NI SERVICE AREA, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COMMUNITY COMMONS WEBSITE, CHNA GOALS FROM THE PUBLIC HEALTH DEPARTMENTS IN EACH OF THE 14 COUNTIES, AND A SURVEY MONKEY QUESTIONNAIRE DISTRIBUTED TO MERCY NI EMPLOYEES AND OTHER AGENCIES ALL OF THESE DATA SOURCES WERE SUMMARIZED AND INFORMATION PROVIDED TO A SEPARATE ADVISORY COMMITTEE, A GATHERING OF AGENCY REPRESENTATIVES THE ADVISORY COMMITTEE THEN PRIORITIZED THE IDENTIFIED HEALTH NEEDS, BASED ON THE AVERAGE SCORE GIVEN BY COMMITTEE MEMBERS

**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, MERCY MEDICAL CENTER-SIOUX CITY, SIOUXLAND DISTRICT HEALTH DEPARTMENT, 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 THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVE THEM BEGINNING IN EARLY 2015, PRIMARY AND SECONDARY INPUT 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-DUBUQUE	PART V, SECTION B, LINE 5 THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY HEALTH CENTER, MERCY MEDICAL CENTER-DYERSVILLE, AND UNITY POINT FINLEY HOSPITAL, HEREIN "STEERING COMMITTEE" THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES DATA WAS ALSO COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY SURVEYS WERE GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018 THE SURVEY WAS OFFERED ON-LINE VIA "SURVEY MONKEY AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED RESPONSES WERE COLLECTED THE DATA COLLECTION PROCESS ALSO INCLUDED COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE SURVEY THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS TO THE COLLECTED DATA THE RESULTS AND DATA WERE CONSISTENT WITH EACH OTHER, VALIDATING BOTH FINDINGS THE STEERING COMMITTEE THEN BEGAN FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR CATEGORIES THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON THE TASKFORCES EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS THE STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS FROM THE STEERING COMMITTEES THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHKE FROM CRESCENT COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS THAT THEIR ORGANIZATIONS SERVE THE PRIMARY MAKEUP OF THESE POPULATIONS ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY, AND/OR FROM MINORITY POPULATIONS IN ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH POPULATION THAT COMPRISES 23% OF OUR COMMUNITY THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE

**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 SURGICAL HOSPITAL, MERCY MEDICAL CENTER-SIOUX CITY, SIOUXLAND DISTRICT HEALTH DEPARTMENT, 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 THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVE THEM BEGINNING IN EARLY 2015, PRIMARY AND SECONDARY INPUT 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 MERCY MEDICAL CENTER-NEW HAMPTON INITIATED THE ASSESSMENT PROCESS 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)

**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	<p>PART V, SECTION B, LINE 5 THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY HEALTH CENTER, MERCY MEDICAL CENTER-DUBUQUE AND UNITY POINT FINLEY HOSPITAL, HEREIN "STEERING COMMITTEE" THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES DATA WAS ALSO COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY SURVEYS WERE GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018 THE SURVEY WAS OFFERED ON-LINE VIA "SURVEY MONKEY AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED RESPONSES WERE COLLECTED THE DATA COLLECTION PROCESS ALSO INCLUDED COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE SURVEY THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS TO THE COLLECTED DATA THE RESULTS AND DATA WERE CONSISTENT WITH EACH OTHER, VALIDATING BOTH FINDINGS THE STEERING COMMITTEE THEN BEGAN FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR CATEGORIES THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON THE TASKFORCES EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS THE STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS FROM THE STEERING COMMITTEES THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHKE FROM CRESCENT COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS THAT THEIR ORGANIZATIONS SERVE THE PRIMARY MAKEUP OF THESE POPULATIONS ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY, AND/OR FROM MINORITY POPULATIONS IN ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH POPULATION THAT COMPRISES 23% OF OUR COMMUNITY THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE</p>



<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 UNITY POINT HEALTH-ST LUKE'S AND DUNES SURGICAL HOSPITAL

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 DUBUQUE CONDUCTED ITS CHNA WITH MERCY DYERSVILLE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 UNITY POINT HEALTH-ST LUKE'S

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 DYERSVILLE CONDUCTED ITS CHNA WITH MERCY DUBUQUE 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-NORTH IOWA	PART V, SECTION B, LINE 6B MERCY NI CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, WELLSOURCE OF NORTH IOWA, LA LUZ HISPANA, COMMUNITY KITCHEN OF NORTH IOWA, NORTH IOWA DENTAL CLINIC FOR THE UNINSURED AND UNDERINSURED, CERRO GORDO COUNTY FREE HEALTH CARE CLINIC, MASON CITY AREA CHAMBER OF COMMERCE, NORTH IOWA VOCATIONAL CENTER, WELLSOURCE OF NORTH IOWA, MASON CITY PUBLIC LIBRARY, MASON CITY YMCA, NORTH IOWA COMMUNITY ACTION ORGANIZATION, BLUE ZONES PROJECT, NORTH IOWA TRANSITION CENTER, ELDERBRIDGE AGENCY ON AGING, KIMT TELEVISION STATION, RHYTHM CHURCH, MASON CITY YOUTH TASK FORCE, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, CENTRAL PARK DENTISTRY, MASON CITY SCHOOL SYSTEM, SALVATION ARMY OF MASON CITY, HY-VEE PHARMACY, CERRO GORDO COUNTY LAW ENFORCEMENT CENTER, NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS, IOWA WORKFORCE DEVELOPMENT, NEWMAN CATHOLIC SCHOOL, FIRST CITIZENS NATIONAL BANK, PROBATION/PAROLE MANAGER 2ND JUDICIAL DISTRICT, MASON CITY POLICE DEPARTMENT, MASON CITY PARATRANSIT, CHARLIE BROWN PRESCHOOL, IOWA SPECIALTY HOSPITAL, FAMILIES FIRST, IOWA LEGAL AID, AND NORTH IOWA YOUTH FOR CHRIST

**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 IN COLLABORATION WITH BOYS TOWN, CENTER FOR SIOUXLAND, COMMUNITY ACTION AGENCY OF SIOUXLAND, CENTER FOR SEXUAL ABUSE & DOMESTIC VIOLENCE, JACKSON RECOVERY CENTERS (SUBSTANCE ABUSE), JACKSON RECOVERY CENTERS SPF-SIG (UNDERAGE), MERCY HOME CARE, MERCY MEDICAL CENTER, MERCY CHILD ADVOCACY CENTER, PLANNED PARENTHOOD - NAVIGATOR (ELDERLY), POISON CENTER, SIMPCO (PHYSICALLY CHALLENGED/GENERAL POPULATION), CONNECTION AREA AGENCY ON AGING, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP (NATIVE POPULATION), SIOUXLAND MENTAL HEALTH CENTER, UNITY POINT - ST LUKE'S, SUSAN G KOMEN (CANCER), AND THE FOODBANK OF SIOUXLAND

**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 DUBUQUE 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- 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 IN COLLABORATION WITH BOYS TOWN, CENTER FOR SIOUXLAND, COMMUNITY ACTION AGENCY OF SIOUXLAND, CENTER FOR SEXUAL ABUSE & DOMESTIC VIOLENCE, JACKSON RECOVERY CENTERS (SUBSTANCE ABUSE), JACKSON RECOVERY CENTERS SPF-SIG (UNDERAGE), MERCY HOME CARE, MERCY MEDICAL CENTER, MERCY CHILD ADVOCACY CENTER, PLANNED PARENTHOOD - NAVIGATOR (ELDERLY), POISON CENTER, SIMPCO (PHYSICALLY CHALLENGED/GENERAL POPULATION), CONNECTION AREA AGENCY ON AGING, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP (NATIVE POPULATION), SIOUXLAND MENTAL HEALTH CENTER, UNITY POINT - ST LUKE'S, SUSAN G KOMEN (CANCER), AND THE FOODBANK OF SIOUXLAND



**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 DYERSVILLE 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- ASBURY CITY PARKS

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B

**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 11 MERCY NI ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITH IN ITS IMPLEMENTATION STRATEGY LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES TO ADDRE SS THE LACK OF MENTAL HEALTH PROVIDERS, MERCY NI HIRED ONE ADVANCED REGISTERED NURSE PRACT ITIONER (ARNP) SPECIFICALLY TO SUPPORT BEHAVIORAL HEALTH SERVICES ADDITIONALLY, ONE LICEN SED INDEPENDENT SOCIAL WORKER (LISW) WAS EMPLOYED TO PROVIDE SCREENING, BRIEF INTERVENTION , AND REFERRAL TO TREATMENT (SBIRT) TELEMEDICINE SERVICES TO FURTHER ADDRESS MENTAL HEALT H SUPPORT SERVICES, MERCY NI BEGAN PROJECT PREPARATION AND PLANNING SURROUNDING NEW CONSTR UCTION OF A BEHAVIORAL HEALTH CENTER THAT BROKE GROUND IN OCTOBER 2017 MERCY NI PARTICIPA TED IN A COMMUNITY COLLABORATIVE EVENT, NORTH IOWA BEHAVIORAL HEALTH CARE SUMMIT, WHICH WA S HELD ON APRIL 11, 2018 IT WAS DESIGNED TO REDUCE THE IMPACT OF STIGMA AND INCREASE PUBL IC AWARENESS OF BEHAVIORAL HEALTH ISSUES AFFECTING INDIVIDUALS, FAMILIES, AND THE COMMUNIT Y THEY LIVE IN IN ADDITION, MERCY NI HOSTED A COMMUNITY COFFEE AND CONVERSATION EVENT FOR VOLUNTEERS THROUGHOUT THE COMMUNITY TO EDUCATE THEM ON SUPPORT SERVICES AND BUILDING EXPA NSION OF THE BEHAVIORAL HEALTH CENTER IN OCTOBER 2017, THE COMMUNITY INTEGRATED HEALTH HO ME, TRANSITIONED TO A NEW ORGANIZATION AND MERCY NI WAS INVOLVED IN COLLABORATION OF CARE COORDINATION SERVICES MERCY NI WAS INVOLVED IN A RAPID IMPROVEMENT EVENT, WHICH INVOLVED COLLABORATIVE WORK AND PLANNING AROUND SOCIAL AND EMOTIONAL SUPPORT THAT WILL BE PROVIDED BY THE BEHAVIORAL HEALTH CENTER MERCY NI WORKED WITH THE MASON CITY POLICE DEPARTMENT TO SUPPORT PLANNING FOR A BUREAU OF JUSTICE ASSISTANCE GRANT FOR JUSTICE AND MENTAL HEALTH CO LLABORATION A COMMUNITY ADVISORY COALITION MEETING WAS HELD TO DISCUSS SOCIAL RESOURCE AC CESS, CARE COORDINATION, AND SUICIDE AWARENESS AND PREVENTION EFFORTS DIABETES A PROJECT MODEL WHICH BEGAN AS A PILOT WITHIN THE PREVIOUS CHNA CYCLE HAS NOW BECOME ROUTINE PRACTI CE FOR THE MANAGEMENT OF DIABETIC PATIENTS WITHIN ONE PRIMARY CARE CLINIC THIS WAS DONE B Y INTEGRATING A PHARMACIST INTO THE CARE TEAM STUDY ANALYSIS INDICATES AN OUTCOME OF A 1% DECREASE IN A1C AND AN OVERALL RISK REDUCTION OF 40% THIS ALLOWS FOR PATIENT CENTERED GO AL SETTING PROMOTED BY HEALTH COACHES, WHICH HAS ENHANCED AND EMPOWERED PATIENT CENTERED S ELF-MANAGEMENT CARE MERCY NI ENTERED INTO A COLLABORATIVE PARTNERSHIP IN 2017 WITH THE CE RRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH AND THE FAMILY YMCA TO INCREASE AWARENESS BY EDUCATING CITIZENS ON THE PREVENTION OF DIABETES USING LIFE COACHES THIS IS ALSO AN IOWA STATEWIDE INITIATIVE IN WHICH CERRO GORDO COUNTY AND COLLABORATIVE PARTNERS ARE TAKING PAR T OBESITY MERCY NI AND CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH COLLABORATED TO SU PPORT THE 5-2- 1- 0 IOWA HEALTHY STATE PROGRAM THROUGH A PLACED BASED GRANT FROM TRINITY HEALTH'S COMMUNITY HEALTH & WELL BEING DEPARTMENT THE GRANT WAS USED TO INSTALL REFILLABL E WATER BOTTLE DRINKING FOUNTA

**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>INS WITHIN MASON CITY AND SURROUNDING SCHOOLS TO ADDRESS CHILDHOOD OBESITY HEART DISEASE THE LEADING CAUSE OF DEATH IS HEART DISEASE AND SMOKING CONTRIBUTES TO THAT SIGNIFICANTLY MERCY NI PARTICIPATED IN TOBACCO FREE NORTH IOWA, WHICH IS A MULTI-COUNTY COLLABORATION WITH CERRO GORDO COUNTY DEPT OF PUBLIC HEALTH'S FREEDOM FROM SMOKING PROGRAM (CREATED BY THE AMERICAN LUNG ASSOCIATION), SMOKE FREE HOMES PROGRAM AND MERCY NI, TO PREVENT, REDUCE AND ELIMINATE NICOTINE USE MERCY NI ALSO PARTICIPATED IN TOBACCO (COALITION) POLICY WORK WHICH INCLUDED TOBACCO 21 SUPPORT (AMERICAN LUNG ASSOCIATION) AND IMPLEMENTATION OF OTHER TOBACCO CONTROL POLICIES SUCH AS SMOKE FREE CAMPUSES/E-CIGARETTES AND SMOKE FREE MOVIES E LDER CARE MERCY NI CONTINUED OUR COMMITMENT TO COLLABORATE WITH THE FOLLOWING COMMUNITY PA RTNERS TO CARE FOR THE ELDERLY IN OUR COMMUNITY AGING SERVICES COALITION, ELDERBRIDGE AGE NCY ON AGING, LOCAL NURSING HOMES, COMMUNITY CARE COORDINATION PROGRAM, MERCY HOME CARE, A REA PUBLIC HEALTH DEPARTMENTS, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND NORTH IOWA AR EA COMMUNITY COLLEGE MERCY NI SPONSORED THE CERRO GORDO COUNTY SENIOR HEALTH INSURANCE IN FORMATION PROGRAM (SHIIP), WHICH WENT LIVE SEPTEMBER 2017 REFERRALS CAME FROM A VARIETY O F SOURCES INCLUDING COMMUNITY PARTNERS, FAMILY AND FRIENDS, MERCY PRACTICE CARE MANAGEMENT TEAM, RURAL OUTREACH, COMMUNITY CARE COORDINATORS, AND MERCY PHARMACIES THIS PROGRAM ASS ISTED UNDERINSURED ELDERLY OR DISABLED MEDICARE ELIGIBLE PATIENTS IN REMOVING FINANCIAL BA RRIERS TO CARE BY ASSISTING CLIENTS WITH, MAKING CHANGES TO THEIR CURRENT SUPPLEMENT/DRUG PLANS, HELPING CLIENTS CONNECT TO EXTRA HELP PROGRAMS AND BY CONNECTING TO MERCY ASSISTANC E PROGRAMS WHEN APPLICABLE LACK OF SOCIAL AND EMOTIONAL SUPPORT WITH THE PLANNING FOR THE NEW BEHAVIORAL HEALTH CENTER, STRATEGIES WILL BE IMPLEMENTED IN THE UPCOMING THREE YEARS WITH A GOAL TO MAXIMIZE SERVICE AVAILABILITY FOR THOSE WITH SOCIAL/EMOTIONAL NEEDS AND TO INCREASE ACCESS AND QUALITY OF SUPPORT SERVICES COMMUNITY HEALTH COORDINATORS, PEER SUPPO RTS, HEALTH COACHES AND VOLUNTEER SERVICE PROVIDERS HAVE UNIFIED IN COLLABORATION TO REMOV E SOCIAL AND EMOTIONAL BARRIERS AND PROVIDE SOLUTIONS FOR THOSE AT RISK OF ISOLATION MERCY NI DID NOT DIRECTLY ADDRESS THE FOLLOWING LISTED NEEDS IN THIS CHNA CYCLE BECAUSE OF COMP ETING PRIORITIES, LACK OF RESOURCES, AND DUE TO THE FACT THAT OTHER AGENCIES ARE ALREADY A DDRESSING THESE ISSUES HEALTHY FOOD NOT AVAILABLE ALTHOUGH MERCY NI DID NOT TAKE ADDITION AL STEPS TO ADDRESS THE LACK OF AVAILABILITY OF HEALTHY FOOD, MERCY NI PROMOTED ACCESS TO HEALTHY, UNPROCESSED, FRESH, NUTRITIOUS, AND NATURAL FOODS BY PARTNERING WITH COMMUNITY CO LLABORATIVE EVENTS SUCH AS FARMERS MARKETS, COMMUNITY SUPPORTED AGRICULTURE (CSA), MEALS O N WHEELS, AND COMMUNITY KITCHEN MERCY NI ALSO MADE A COMMITMENT TO EXPAND THEIR ENDORSEME NT OF HEALTHY FOOD INITIATIVES IN OUR COMMUNITY BY ADDING DOLLARS TO OUR FISCAL YEAR 2019 BUDGET, WHICH WILL SUPPORT EXI</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-NORTH IOWA	STING COMMUNITY COLLABORATIVE PROGRAMS AND POTENTIAL NEW COLLABORATIONS WITH LOCAL FOOD PA NTRIES, GROCERY STORES, AND OTHER HEALTHY FOOD INITIATIVES  COST OF HEALTH CARE ALTHOUGH M ERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS COST OF HEALTH CARE, MERCY NI CONTINUED T O SUPPORT AND SUSTAIN THE SAFETY NET CARE COORDINATION MODEL INITIATED IN EARLY 2014 IN PA RTNERSHIP WITH IOWA PRIMARY CARE ASSOCIATION, IOWA DEPARTMENT OF PUBLIC HEALTH AND LOCAL C OMMUNITY PARTNERS (CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATE D BEHAVIORAL HEALTHCARE, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND WELLSOURCE)  ALSO, MERCY NI OFFERED A CHARITY CARE PROGRAM WHICH IS COMMITTED TO PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES  OUR CHARITY PROGRAM IS COMMITTED TO CARI NG FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, ASSISTING PATIENTS WH O CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE, AND BALANCING NEEDED FINANCIAL ASSI STANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILIT Y AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNIT Y LACK OF MEDICAL PROVIDERS  ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS TH E LACK OF MEDICAL PROVIDERS, MERCY NI HAS ROBUST RECRUITMENT INITIATIVES IN PLACE TO RECRU IT AND RETAIN MEDICAL PROVIDERS WITHIN THE COMMUNITY, OF WHICH IT WILL SUSTAIN WHILE FOCUS ING ON PROVIDER SATISFACTION  TRANSPORTATION TO HEALTH APPOINTMENTS ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS TRANSPORTATION TO HEALTH APPOINTMENTS, MERCY NI CONTI NUED TO SUPPORT AND CONTRIBUTE FINANCIALLY TO OUR COMMUNITY PARTNER, THE SALVATION ARMY  T HE SALVATION ARMY PROVIDED LEADERSHIP AND OVERSIGHT IN PARTNERSHIP WITH OTHER LOCAL COMMUN ITY AGENCIES WITHIN CERRO GORDO COUNTY  MERCY NI ALONG WITH THE CITY OF MASON CITY, REGION II TRANSIT, AND THE NORTH IOWA AREA COUNCIL OF GOVERNMENTS COLLABORATIVELY ADDRESSED COOR DINATION OF HUMAN SERVICES TRANSPORTATION INCLUDING, PARTICIPATING IN A TRANSPORTATION ADV ISORY GROUP AND ATTENDING THE 2018 PASSENGER TRANSPORTATION SUMMIT TO LEARN OF INNOVATIVE SERVICES, TRANSPORTATION COORDINATION IN IOWA, AND TO HEAR ELECTED OFFICIALS TRANSIT PERSP ECTIVE  MERCY NI ALSO FACILITATED CONVERSATIONS, THROUGH PROCESS MAPPING, BETWEEN THE MERC Y CANCER CENTER AND THE TRANSPORTATION ADVISORY GROUP  WORK WAS DONE TOWARD CREATING AN ID EAL FUTURE STATE FOR LOCAL OF HUMAN SERVICES TRANSPORTATION  A COMMITMENT WAS MADE TO CONT INUE THIS WORK IN FISCAL YEAR 2019

**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. MERCY SC HAS ADDRESSED THESE NEEDS WITHIN THE PAST YEAR. THE SIOUXLAND DISTRICT HEALTH DEPARTMENT AND MERCY SC HAVE COLLABORATED TO OFFER THE FOLLOWING PROGRAMS IN FISCAL YEAR 2018: TOBACCO/SUBSTANCE ABUSE SIOUXLAND COMMUNITY HEALTH AND JACKSON RECOVERY PARTICIPATED IN A TRAINING PROVIDED BY MERCY SC, THROUGH THE SOCIETY OF PUBLIC HEALTH EDUCATORS, FOR SMOKING CESSATION &amp; REDUCTION IN PREGNANCY TREATMENT (SCRIPT). SCRIPT IS AN AWARD-WINNING, EVIDENCE-BASED PROGRAM SHOWN TO BE EFFECTIVE IN HELPING THOUSANDS OF PREGNANT WOMEN QUIT SMOKING. IT'S DESIGNED TO BE A COMPONENT OF A PATIENT EDUCATION PROGRAM FOR PRENATAL CARE PROVIDERS, AND IS CITED BY THE 'AGENCY FOR HEALTHCARE RESEARCH &amp; QUALITY'S' SMOKING CESSATION CLINICAL PRACTICE GUIDELINES. CATCH MY BREATH IS A YOUTH E-CIGARETTE PREVENTION PROGRAM, WHOSE GOAL IS TO INCREASE STUDENTS' KNOWLEDGE OF E-CIGARETTES, NICOTINE AND ADDICTION DAMAGES. THE AIM IS TO INFORM AND EDUCATE TEACHERS, PARENTS, AND HEALTH PROFESSIONALS IN THE SCHOOL/AFTER-SCHOOL SETTING TO EQUIP STUDENTS WITH ANSWERS ABOUT E-CIGARETTES TO MAKE INFORMED DECISIONS. CURRICULUM LICENSES WERE PURCHASED AND PROVIDED TO 3 MIDDLE SCHOOLS AND 12 ELEMENTARY SCHOOLS IN SIOUX CITY. THE PROGRAM TARGETED 11-14 YEAR OLDS BEGINNING IN FISCAL YEAR 2017, THE CURRICULUM WAS AVAILABLE TO ALL MIDDLE AND ELEMENTARY SCHOOLS AND CONTINUED IN FISCAL YEAR 2018. IN FISCAL YEAR 2018, TWO ADDITIONAL LANDLORDS (TWENTY-TWO TOTAL) WERE TRAINED FOR SMOKE-FREE HOUSING FOCUSING ON CLEAN INDOOR AIR. AS A RESULT, THE LANDLORDS ADDED A LEASE ADDENDUM PROHIBITING SMOKING IN THE HOUSING THEY PROVIDE. THESE LANDLORDS ATTENDED A FOUR-HOUR SEMINAR ABOUT TOBACCO AND NICOTINE-FREE HOUSING, LEASING, FINDING A GOOD TENANT, APPLICANTS/APPLICATION PROCESS, AND BACKGROUND CHECKS. EACH LANDLORD THAT ATTENDED RECEIVED A COPY OF "AN APARTMENT MANAGER'S GUIDE", A SAMPLE LEASE ADDENDUM, QUITLINE IOWA PRODUCTS THAT PROMOTE THE PROGRAM, AND INFORMATION ABOUT CESSATION PROGRAMS IN SIOUX CITY. ALL THE INFORMATION THAT WAS PROVIDED AT THE SEMINAR WAS GIVEN TO THE SIOUXLAND REN TAL ASSOCIATION LEADERSHIP TO BE PROVIDED TO INTERESTED MEMBERS. IN FISCAL YEAR 2018, ADVOCACY EFFORTS TO CURB TOBACCO USE AND ACCESS WERE CONDUCTED THROUGH THE "REINVENT THE REEL" GRANT, WHICH WAS PROVIDED BY THE TRUTH INITIATIVE AND TRINITY HEALTH. REINVENT THE REEL ADVOCATES FOR SMOKE-FREE MOVIES AND TOBACCO 21, WHICH INVOLVES RAISING THE MINIMUM AGE FOR PURCHASING AND USING TOBACCO PRODUCTS TO 21. OBESITY: IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY IN FISCAL YEAR 2018, MERCY SC CONTINUED COLLABORATING WITH THE SIOUXLAND YMCA FOR "HEALTHY WEIGHT &amp; YOUR CHILD", A FAMILY FOCUSED PROGRAM THAT HELPS KIDS AGES 7-13 YEARS OLD REACH A HEALTHY WEIGHT AND</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>LIVE A HEALTHIER LIFESTYLE MERCY SC CREATED A REFERRAL PROCESS FOR PRE-DIABETICS THROUGH THE DIABETES PREVENTION PROGRAM (DPP) WITH THE LOCAL YMCA CERTIFIED PARTNER DPP COURSES WERE HELD DURING FISCAL YEAR 2018 AT VARIOUS LOCATIONS THROUGHOUT THE SIOUXLAND REGION, HELPING TO COMBAT OBESITY WITHIN THE MERCY SC SERVICE AREA. MERCY SC AND THE AMERICAN HEART ASSOCIATION PARTNERED IN FISCAL YEAR 2018 TO DONATE EXERCISE EQUIPMENT AND WATER BOTTLES TO IRVING ELEMENTARY SCHOOL, IN AN EFFORT TO COMBAT CHILDHOOD OBESITY IN THE LOCAL LOW-INCOME SCHOOLS. ACCESS TO CARE THROUGHOUT FISCAL YEAR 2018, SIOUXLAND COMMUNITY HEALTH CENTER STAFFED CERTIFIED APPLICATION COUNSELORS TO ASSIST PATIENTS AT THE HEALTH CENTER, AS WELL AS LOCATIONS AROUND THE SIOUXLAND COMMUNITY, TO ANSWER QUESTIONS REGARDING THE AFFORDABLE CARE ACT AND ASSIST CONSUMERS WITH THE ENROLLMENT PROCESS. MERCY SC IS LOCATED IN A MEDICALLY UNDERSERVED AREA, WHICH ENABLES THE HOSPITAL TO RECRUIT PHYSICIANS WITH J1 WAIVERS. COMMUNITY HOSPITALS SUPPORTED/SUBSIDIZED THE SIOUXLAND MEDICAL EDUCATION FOUNDATION 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 CONTINUED TO OFFER EXTENDED HOURS TO ACCOMMODATE NEEDS OF THE PATIENTS' SCHEDULES. IN ADDITION, MERCY SC LED 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, DUNES SURGICAL HOSPITAL, SIOUXLAND COMMUNITY HEALTH CENTER (SCHC), SUNNYBROOK CHURCH, AND CNOS CONTINUED TO SUPPORT THE STREET MEDICINE PROJECT, WHICH PROVIDES ACCESS TO CARE FOR OUR HOMELESS POPULATION IN THE COMMUNITY. THE STREET MEDICINE TEAM, WHICH IS COMPRISED OF HEALTH CARE PROFESSIONALS INCLUDING SOCIAL WORKERS, CHURCH MEMBERS AND OUTREACH VOLUNTEERS, ADMINISTER FIRST-AID AND REFERRALS TO THE SCHC URGENT CARE CLINIC AND/OR MERCY SC'S EMERGENCY DEPARTMENT. THROUGH SIOUXLAND COMMUNITY HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER, BEGINNING IN FISCAL YEAR 2018, WE NOW HAVE THE ABILITY TO OFFER MOBILE SHOWERS VIA A TRAILER THAT PROVIDES SHOWERS FOR OUR HOMELESS POPULATION AS WELL. IN FISCAL YEAR 2018, MERCY SC BEGAN OFFERING AN EXPRESS CARE CLINIC AT THE HY-VEE GROCERY STORE LOCATED ON HAMILTON BLVD. PROVIDERS AT THIS CONVENIENT LOCATION CAN DIAGNOSIS AND TREAT ILLNESSES SUCH AS INFLUENZA, STREP/SORE THROAT, SINUS INFECTIONS, BRONCHITIS, URINARY TRACT INFECTIONS AND SKIN INFECTIONS/RASHES. BASIC HEALTH SCREENINGS FOR DIABETES, BLOOD PRESSURE AND TUBERCULOSIS WILL ALSO BE CONVENIENTLY AVAILABLE. HOUSING IN FISCAL YEAR 2018, MERCY SC AND DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS LARGE GROUP, SUB-COMMITTEES WERE FORMED THAT SEEK TO CONCENTRATE ON ADDRESSING THE NEEDS THAT ARISE FROM CHRONIC HOMELESSNESS. DETOXIF</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	ICATION/MENTAL ILLNESS, SHELTER, ORGANIZATION REPORTING AND RETOOLING, SCREENING AND INTAK E, RESEARCH, EDUCATION AND COMMUNITY AWARENESS THE CONSENSUS IS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, IS NOT SUFFICIENT DURING WINTER TO MEET THE GROWING DEMANDS O F THE HOMELESS A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED THIS REQUIRES CO LLABORATION AND FUNDING FROM ALL AGENCIES INVOLVED THE WARMING SHELTER WAS OPERATIVE IN F ISCAL YEAR 2018 DAY AND NIGHT DURING THE WINTER MONTHS TRANSPORTATION WILL BE PROVIDED BY A COMMUNITY PARTNER TO AND FROM THE WARMING SHELTER TO THE SOUP KITCHEN MERCY SC AND DUN ES CONTINUED TO SUPPORT THE DEVELOPMENT OF HOUSING/SHELTER SERVICES FOR THE COMMUNITY'S HO MELESS POPULATION THE WARMING SHELTER, GOSPEL MISSION, COMMUNITY ACTION AGENCY, OAKLEAF M ANAGEMENT PROPERTIES, AND DEPARTMENT OF HUMAN SERVICES ARE INTEGRAL PARTNERS IN ASSISTING THE HOMELESS POPULATION MENTAL ILLNESS THE MERCY SC EMERGENCY DEPARTMENT, BEHAVIOR HEALTH UNIT AND UNITY POINT-ST LUKE'S CONTINUED IN FISCAL YEAR 2018 TO COLLABORATE WITH SIOUXLA ND MENTAL HEALTH TO PROVIDE MENTAL HEALTH SERVICES FOR MERCY SC PATIENTS UPON INTAKE/DISCH ARGE MERCY SC, ALONG WITH UNITY POINT-ST LUKE'S, SIOUXLAND COMMUNITY HEALTH CENTER AND S IOUXLAND MENTAL HEALTH HAVE DEVELOPED A MENTAL HEALTH COORDINATOR POSITION TO WORK WITH IN DIVIDUALS WITH A MENTAL HEALTH CONDITION UPON DISCHARGE FROM EITHER HOSPITAL'S EMERGENCY D EPARTMENT CANCER SCREENING IN FISCAL YEAR 2018, MERCY SC PROVIDED PERSONNEL, FINANCIAL, A ND PROGRAM DEVELOPMENT SUPPORT TO THE SIOUXLAND COMMUNITY HEALTH, A FEDERALLY QUALIFIED HE ALTH CENTER, AND THE JUNE E NYLEN CANCER CENTER MERCY SC AND PARTNERS PROVIDED A SKIN, O RAL, HEAD AND NECK CANCER SCREENING TO ADULTS WHO HAD NOT BEEN PREVIOUSLY SCREENED BY A SP ECIALIST OR DIAGNOSED WITH CANCER THIS EVENT WAS FREE OF COST, WITH NO REGISTRATION OR AP POINTMENT REQUIRED TO BE SCREENED THE SOIL IN IOWA IS RANKED AS THE HIGHEST IN THE NATION FOR EMITTING RADON GAS IN FISCAL YEAR 2018, MERCY SC FOCUSED ON EDUCATION FOR RADON AWARE NESS AND PARTNERED WITH THE SIOUXLAND DISTRICT HEALTH DEPARTMENT TO PROVIDE EDUCATION FOR LUNG CANCER PREVENTION, AND TEST KITS TO PROMOTE RADON AWARENESS, WHICH IS THE LEADING CAU SE OF LUNG CANCER AMONGST NON-SMOKERS TEEN BIRTHS WAS IDENTIFIED AS A NEED IN THE COLLABOR ATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST LUKES HOS PITAL AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED FOR THIS REASON, MERCY SC AND DUNES WILL NOT SPECIFICALLY ADDR ESS TEEN BIRTHS

**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 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 DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2018 TO HELP REDUCE OBESITY IN OUR COMMUNITY - MERCY DUBUQUE IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL WITH THIS, MERCY DUBUQUE 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 WITH 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 DUBUQUE 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 MERCY DUBUQUE 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 DUBUQUE WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS - DISEASE INFECTION CONTROL (INFLUENZA IMMUNIZATIONS, HIV/AIDS SCREENING AND PREVALENCE, AND STD/STI SCREENING AND PREVALENCE) - MERCY DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OTHER AGENCIES ARE ALREADY HAVING SOME SUCCESS IN THIS AREA AND THEIR EXPERTISE BETTER POSITIONS THEM TO ADDRESS THE NEED - ENVIRONMENTAL HEALTH (EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, AND HEALTHY HOMES) - MERCY DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE CITY AND COUNTY RESOURCES ARE BEST ABLE TO ADDRESS THIS SPECIFIC NEED

**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</p> <p>TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING DUNES OFFERED THE FOLLOWING PROGRAMS AND ACTIVITIES TO ADDRESS THE HEALTH NEEDS IN FISCAL YEAR 2018 ACCESS TO CARE DUNES INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FISCAL YEAR 2018 BY OFFERING A FINANCIAL ASSISTANCE PROGRAM WHICH ALLOWS THOSE MEETING THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SURGICAL SERVICES HOUSING MERCY SC AND DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA FROM THIS LARGE GROUP, SUB-COMMITTEES WERE FORMED THAT SEEK TO CONCENTRATE IN A SPECIFIC AREA OF FOCUS TO ADDRESS THE FACETS THAT ARISE FROM CHRONIC HOMELESSNESS</p> <p>DETOXIFICATION/MENTAL ILLNESS, SHELTER, ORGANIZATION REPORTING AND RETOOLING, SCREENING AND INTAKE, RESEARCH, EDUCATION AND COMMUNITY AWARENESS THE CONSENSUS IS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, IS NOT SUFFICIENT DURING WINTER TO MEET THE GROWING DEMANDS OF THE HOMELESS A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED THIS REQUIRES COLLABORATION AND FUNDING FROM ALL AGENCIES INVOLVED FROM THESE MEETINGS A ONE-MONTH TRIAL RUN WAS FUNDED BY MERCY SC FOR A DAY SHELTER THAT HAS PROVEN TO MEET A NEED THE WARMING SHELTER WAS OPERATIVE DAY AND NIGHT DURING THE WINTER MONTHS DUNES FINANCIALLY CONTRIBUTED TO THE WARMING SHELTER TO PROVIDE HOUSING FOR THE HOMELESS TRANSPORTATION WILL BE PROVIDED BY A COMMUNITY PARTNER TO AND FROM THE WARMING SHELTER TO THE SOUP KITCHEN MERCY SC AND DUNES COORDINATED A PRESENTATION OF DR WITHERS FROM PITTSBURGH MERCY TO PRESENT STREET MEDICINE, WHICH RESULTED IN A GROUP OF COMMUNITY PARTNERS TO CHAMPION THE STREET MEDICINE PROJECT, LED BY SUNNYBROOK CHURCH MERCY SC HAS SUPPORTED THIS EFFORT IN BRINGING ACCESS TO CARE FOR THE HOMELESS AT FOUR LOCATIONS OVER 50 COMMUNITY PARTNERS MEET TO CONTINUE THE WORK FOR THE PLANNING OF THE SIOUXLAND STREET PROJECT THE OVERARCHING STRATEGIC FOCUS OF THE SESSIONS IS TO BRING A SUPER SHELTER THAT CAN ADDRESS ALL THE NEEDS OF THE HOMELESS POPULATION IN ONE CENTRALIZED LOCATION CANCER SCREENING DUNES CONTINUED PROVIDING FINANCIAL ASSISTANCE FOR CANCER PATIENTS REQUIRING SURGICAL INTERVENTION DUE TO CANCER MENTAL ILLNESS, OBESITY, TOBACCO/SUBSTANCE ABUSE, AND TEEN BIRTHS WERE IDENTIFIED AS NEEDS IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST LUKES GIVEN DUNES SURGICAL HOSPITAL'S SURGICAL SPECIALTY, THESE NEEDS WILL NOT BE SPECIFICALLY ADDRESSED BY THE HOSPITAL AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED MERCY SC, AS A PARTNER TO DUNES, HAS TAKEN THE LEAD IN THE AREAS OF OBESITY, TOBACCO/SUBSTANCE ABUSE AND MENTAL ILLNESS DUE TO THE CLINICAL SERVICE</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	ICES AVAILABLE AT MERCY SC IN THOSE AREAS THAT ARE IN CLOSE PROXIMITY

**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	<p>PART V, SECTION B, LINE 11 MERCY NH RESOURCES, AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES WERE TAKEN INTO CONSIDERATION OF THE SIGNIFICANT H EALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA PROCESS MERCY NH IS FOCUSING ON DEVELOPING AND/OR SUPPORTING INITIATIVES AND MEASURES THEIR EFFECTIVENESS, TO IMPROVE THE FOLLOWING HEALTH NEEDS PRIMARY CARE ACCESS PATIENTS HAVE HAD DIFFICULTY ACCESSING PRIMARY CARE IN THE SERVICE AREA PATIENTS SOMETIMES HAVE TO WAIT ONE WEEK TO SEE THEIR PRIMARY CARE PROVIDER DUE TO LACK OF OPEN APPOINTMENTS PATIENTS REPORT HAVING A DIFFICULT TIME GETTING TO THE CLINIC FOR APPOINTMENTS BETWEEN TRADITIONAL HOURS OF 8-5 AS A RESULT, EXTENDED CLINIC HOURS CONTINUED IN FISCAL YEAR 2018 TWO DAYS PER WEEK THE CLINIC IS OPEN UNTIL 7 00 P M EIGHT SCHEDULE BLOCKS PER DAY FOR EACH PROVIDER ARE BEING RESERVED FOR SAME DAY APPOINTMENTS A HEALTH COACH CONTINUED CLOSELY MONITORING CHRONIC HEALTH PATIENTS TO ENSURE THEIR PRIMARY CARE PHYSICIAN (PCP) IS SEEING THEM A HEALTH NAVIGATOR CONTINUED MONITORING PATIENT VISITS AND WORKING WITH SCHEDULERS TO FIT IN ANNUAL EXAMS, RE-CHECKS AND PREVENTATIVE WELLNESS TESTING WITH THEIR PCP DATA WAS RECENTLY COLLECTED OVER A FOUR WEEK TIMEFRAME AND SHOWED 98% OF PATIENTS CALLING FOR SAME-DAY APPOINTMENTS WERE BEING SCHEDULED WITH THEIR PCP BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY MERCY NH HAS BEEN BUILDING THE COMMUNITY'S CAPACITY TO ADDRESS MENTAL HEALTH ISSUES BY IMPROVING ACCESS TO AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPORTUNITIES BY USING NEW COMMUNICATION CHANNELS AND TECHNOLOGIES UNDER THE THEORY THAT MENTAL HEALTH ISSUES HAVE BEEN PUSHED TO THE COUNTY LEVEL WITH NO ADDED RESOURCES TO PROVIDE MUCH NEEDED SERVICES, MERCY NH HAS IDENTIFIED KEY COUNTY STAKEHOLDERS TO FORM OR STRENGTHEN A COUNTY BEHAVIORAL COALITION MERCY NH WILL SUPPORT THIS COALITION IN DEVELOPING AND IMPLEMENTING PROGRAMS TO SUPPORT LOCAL MENTAL HEALTH ISSUES A RENOVATION PROJECT WAS RECENTLY STARTED FOR THE EMERGENCY DEPARTMENT, WHICH INCLUDES A PSYCHIATRIC EXAM ROOM, TO KEEP OUR MENTAL HEALTH PATIENTS SAFE WHILE THEY ARE IN THE EMERGENCY DEPARTMENT MERCY NH ADDED TELEHEALTH PSYCHIATRIC CONSULTS WITHIN OUR EMERGENCY DEPARTMENT USING INTEGRATED TELEHEALTH PARTNERS MERCY NH ALSO PARTICIPATED IN COMMUNITY MEETINGS TO ADDRESS SPECIFIC COMMUNITY ISSUES RELATED TO MENTAL HEALTH CONCERNS, SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY MERCY NH IS WORKING WITH THE IOWA HEALTHCARE COLLABORATIVE AND COMPASS TO REDUCE OPIOID OVERDOSE A TASKFORCE OF HOSPITAL STAFF HAS BEEN ESTABLISHED AND A COMMUNITY MEETING WAS HELD RECENTLY FOR THE PUBLIC, SO THEY COULD UNDERSTAND WHAT SAFE AND EFFECTIVE COMFORT MANAGEMENT LOOKS LIKE WITHOUT THE USE OF OPIOIDS MAINTAIN &amp; INCREASE SPECIALTY SERVICES THE COMMUNITY'S ACCESS TO SPECIALTY SERVICES DELIVERED LOCALLY HAS DECREASED OVER THE PAST COUPLE OF YEARS WITH AN INCREASE IN POPULATION OF THOSE OVER THE AGE OF 70 AND LIMITED RESOURCES FOR PUBLIC</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-NEW HAMPTON	C TRANSPORTATION OUTSIDE OF OUR COMMUNITY, IT IS IMPORTANT TO OFFER MORE SERVICES LOCALLY  MERCY NH IS THE ONLY HOSPITAL IN OUR COUNTY, WHICH IS CLASSIFIED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED  MERCY NH'S GENERAL SURGEON IS VISITI NG WEEKLY NOW INSTEAD OF MONTHLY  A PAIN CLINIC HAS BEEN STARTED AND A PULMONOLOGIST VISIT S MONTHLY AS WELL  A CYSTOSCOPE WAS PURCHASED FOR USE BY THE UROLOGY PROVIDER AND OTHERS  MARKET DATA INDICATED MANY PATIENTS WERE TRAVELING OUT OF TOWN FOR SERVICES WE COULD DO LO CALLY IF A CYSTOSCOPE WAS AVAILABLE  MERCY NH ADDED AN ABI MACHINE TO THE RADIOLOGY DEPART MENT, WHICH ENABLES US TO DO A MORE COMPLETE SET OF NEW DIAGNOSTIC IMAGING WITH THE ULTRAS OUND MACHINE, INCLUDING THREE TYPES OF VASCULAR SCREENINGS THAT PATIENTS CAN REQUEST WITHO UT A PHYSICIAN ORDER AS A PART OF OUR PUBLIC WELLNESS PROGRAM  MERCY NH ACKNOWLEDGES THE W IDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE 2016 CHNA PROCESS, AND DETERMINE D THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS THAT IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE  MERCY NH WILL NOT TAKE ACTION ON TH E FOLLOWING HEALTH NEED AREA PHARMACY DEMAND EXCEEDS AVAILABILITY  MERCY NH HAS BEEN WORKI NG CLOSELY WITH THE NEW HAMPTON ECONOMIC DEVELOPMENT OFFICE ON RECRUITING ANOTHER PHARMACY TO THE AREA AND CONTINUES TO WORK CLOSELY WITH PHARMACIES IN NORTHEAST IOWA ABOUT THE OPP ORTUNITIES AVAILABLE IN NEW HAMPTON  IN PARTICULAR, THE POTENTIAL OPPORTUNITY FOR TELE-PHA RMACY AS IT IS BROUGHT TO IOWA IN 2017  HOME DELIVERY SERVICE HAS BECOME AVAILABLE THROUGH AN OUT OF TOWN PHARMACY AND THEY DELIVER TO OUR SERVICE AREA ON A DAILY BASIS  THAT SERVI CE HAS GREATLY AFFECTED OUR HOMEBOUND CITIZENS

**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 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 DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2018 TO HELP REDUCE OBESITY IN OUR COMMUNITY - MERCY DYERSVILLE WAS A SPONSOR OF THE 2018 DYERSVILLE COMMUNITY GAELIC GALLOP 2 MILE/8K FUN WALK/RUN - MERCY DYERSVILLE WAS A SPONSOR OF THE DYERSVILLE CHAMBER OF COMMERCE WOMEN'S NIGHT, PROVIDED EDUCATION RELATED TO HEALTHY LIFESTYLES, AND COMPLETED BLOOD PRESSURE SCREENINGS FOR ANY PARTICIPANT THAT WAS INTERESTED - MERCY DYERSVILLE PARTNERED WITH WESTERN DUBUQUE COMMUNITY SCHOOLS IN APRIL 2018 FOR A COMMUNITY DAY PERFORMING YARD WORK AND OTHER OUTDOOR ACTIVITIES WITH MIDDLE AND HIGH SCHOOL STUDENTS MERCY DYERSVILLE 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 DYERSVILLE WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS - DISEASE INFECTION CONTROL (INFLUENZA IMMUNIZATIONS, HIV/AIDS SCREENING AND PREVALENCE, AND STD/STI SCREENING AND PREVALENCE) - MERCY DYERSVILLE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OTHER AGENCIES ARE ALREADY HAVING SOME SUCCESS IN THIS AREA AND THEIR EXPERTISE BETTER POSITIONS THEM TO ADDRESS THE NEED - ENVIRONMENTAL HEALTH (EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, AND HEALTHY HOMES) - MERCY DYERSVILLE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE CITY AND COUNTY RESOURCES ARE BEST ABLE TO ADDRESS THIS SPECIFIC NEED

**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 HEALTH CARE 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 HEALTH CARE 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 HEALTH CARE 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
DUNES SURGICAL HOSPITAL	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 HEALTH CARE 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 HEALTH CARE 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 HEALTH CARE 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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 MERCYONE ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 MERCYONE ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 MERCYONE ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A	WWW DUNESSURGICALHOSPITAL COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A	WWW DUNESSURGICALHOSPITAL COM/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 7A	WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 10A	WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE - PART V, SECTION B, LINE 7A	WWW MERCYONE ORG/DUBUQUE/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-DYERSVILLE - PART V, SECTION B, LINE 10A	WWW MERCYONE ORG/DUBUQUE/DYERSVILLE/COMMUNITY-BENEFIT/

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 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

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

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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 7B	WWW DUNESSURGICALHOSPITAL COM/COMMUNITY-BENEFITWWW SIOUXLANDDISTRICTHEALTH ORG/SERVICESCLINICS/HEALTH-PLANNING-/CHNAHIP HTMLWWW UNITYPOINT ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT ASPX

**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 7B	WWW MERCYONE ORG/SIOUXLAND/ABOUT-US/COMMUNITY- BENEFITWWW SIOUXLANDDISTRICTHEALTH ORG/SERVICESClinics/HEALTH- PLANNING-/CHNAHIP HTMLWWW UNITYPOINT ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DUBUQUE - 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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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 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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA, PART V, LINE 16A, FAP WEBSITE	WWW MERCYONE ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



**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, LINE 16A, FAP WEBSITE	WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
DUNES SURGICAL HOSPITAL, PART V, LINE 16A, FAP WEBSITE	WWW DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-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-DYERSVILLE, PART V, LINE 16A, FAP WEBSITE	WWW MERCYONE ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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

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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-NORTH IOWA, PART V, LINE 16B, FAP APPLICATION WEBSITE	WWW MERCYONE ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

**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, LINE 16B, FAP APPLICATION WEBSITE	WWW MERCYONE ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL- ASSISTANCE

**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, LINE 16B, FAP APPLICATION WEBSITE	WWW DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

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

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Form and Line Reference	Explanation
MERCY MEDICAL CENTER-DYERSVILLE, PART V, LINE 16B, FAP APPLICATION WEBSITE	WWW MERCYONE ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW MERCYONE ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW MERCYONE ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW DUNESSURGICALHOSPITAL COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW MERCYONE ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C,	FAP PLAIN LANGUAGE SUMMARY WEBSITE WWW MERCYONE ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16A, FAP WEBSITE	WWW MERCYONE ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/

**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, LINE 16B, FAP APPLICATION WEBSITE	WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/

**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, LINE 16A, FAP WEBSITE	WWW MERCYONE ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE



**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, LINE 16B, FAP APPLICATION WEBSITE	WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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)
<b>16</b> 16 - TRI-STATE SURGERY CENTER 1500 ASSOCIATES DRIVE DUBUQUE, IA 52002	OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
31-1373080

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

24

3

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

3

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	4	3,800			
(2) TRANSPORTATION ASSISTANCE	369	8,608			
(3) HOUSING	13	6,868			
(4) LEGAL ASSISTANCE	5	3,806			
(5) MEDICAL BILLS	166	20,429			
(6) PRESCRIPTION ASSISTANCE	19	1,812			
(7) OTHER SERVICES/ITEMS	4	1,848			
(7)					

**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
WAHLERT CATHOLIC HIGH SCHOOL 2005 KANE ST DUBUQUE, IA 52001	42-0792429	RELIGIOUS SCHOOL	7,500				SUPPORT OF ATHLETIC TRAINER PROGRAM FOR THE HIGH SCHOOL
DUBUQUE COMMUNITY SCHOOLS 2500 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	PUBLIC SCHOOL	15,000				SUPPORT OF ATHLETIC TRAINER PROGRAM FOR TWO HIGH SCHOOLS

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
SINSINAWA DOMINICAN SISTERS 585 COUNTY ROAD Z SINSINAWA, WI 53824	75-2335525	501(C)(3)	10,000				SINSINAWA MOUND COLLABORATIVE FARM CULTIVATE FARMERS TO GROW HEALTHY FOOD

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
ST STEPHEN'S FOODBANK 3145 CEDAR CREST RIDGE DUBUQUE, IA 52003	42-1222356	501(C)(3)	5,100				SUPPORT TO BRING IN FRESH FOOD FOR UNDERSERVED POPULATION
NORTHEAST IOWA COMMUNITY ACTION CORP 305 MONTGOMERY ST DECORAH, IA 52101	42-6092713	501(C)(3)	6,000	0			SUPPORT CHICKASAW COUNTY RESIDENTS THAT ARE FACING HOMELESSNESS OR LOSS OF UTILITIES



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
CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH 22 NORTH GEORGIA AVENUE MASON CITY, IA 50401	42-1351175	GOVERNMENT ORG	70,936				DIABETES PREVENTION AND ZERO SUGARY DRINK PROGRAMS
NORTH IOWA AREA COMMUNITY COLLEGE FOUNDATION 500 COLLEGE DRIVE MASON CITY, IA 50401	23-7023677	501(C)(3)	6,500				SUPPORT FOR PERFORMING ARTS SERIES

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 COMMUNITY ACTION ORGANIZATION PO BOX 1627 MASON CITY, IA 50402	42-0921505	501(C)(3)	63,600				COMMUNITY SUPPORT
NORTH IOWA CORRIDOR ECONOMIC DEVELOPMENT 9 N FEDERAL MASON CITY, IA 50401	75-3190471	501(C)(6)	20,000				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
NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS 307 N MONROE MASON CITY, IA 50401	42-1501295	501(C)(3)	61,141				EXECUTIVE DIRECTOR'S SALARY AND BENEFITS
SALVATION ARMY 747 VILLAGE GREEN DR MASON CITY, IA 50401	36-2167910	501(C)(3)	132,000				SUPPORT ADULT DAY ARE RED SHIELD 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
AMERICAN HEART ASSOCIATION PO BOX 50035 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	11,667				SPONSOR HW GALA GR2017
BUTTERFLY PRODUCTIONS LLC 4911 CLEVELAND ST SIOUX CITY, IA 51108	46-4833038		10,000				SUPPORT FOR FREEDOM SOUNDTRACK

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
CITY OF SIOUX CITY IOWA - PARKS AND RECREATION FOUNDATION 401 GORDON DR SIOUX CITY, IA 51101	47-4237541	501(C)(3)	25,000				TUBE SPONSORSHIPS AT CONE PARK AND NAIA BASKETBALL SPONSORSHIP
IWLC (IOWA WOMEN LEAD CHANGE) 200 FIRST ST SE SUITE 2100 CEDAR RAPIDS, IA 52401	45-2932668	501(C)(3)	13,500				2018 IOWA WOMEN'S LEADERSHIP CONFERENCE 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
MARY J TREGLIA COMMUNITY HOUSE 900 JENNINGS ST SIOUX CITY, IA 51105	42-0681107	501(C)(3)	97,850				GRANT FOR RENOVATING GYM FLOOR AND ROOF IMPROVEMENTS
SATURDAY IN THE PARK INC PO BOX 5104 SIOUX CITY, IA 51102	42-1386202	501(C)(3)	15,000				FESTIVAL SPONSORSHIPS

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 FOUNDATION 505 FIFTH ST SUITE 412 SIOUX CITY, IA 51101	42-1323904	501(C)(3)	12,500				COMMUNITY SUPPORT
THE SIOUXLAND INITIATIVE 101 PIERCE ST SIOUX CITY, IA 51101	42-1328697	501(C)(6)	6,250				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
UNITED WAY OF SIOUXLAND INC PO BOX 204 SIOUX CITY, IA 51102	42-0680395	501(C)(3)	6,500				COMMUNITY SUPPORT
IOWA STATE UNIVERSITY EXTENSION AND OUTREACH 4728 SOUTHERN HILLS DR SIOUX CITY, IA 51106	42-6021487	PUBLIC SCHOOL	10,000				SUPPORT FOR HEALTH AND WELLNESS PROGRAMS FOR YOUTH AT MIDTOWN



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 MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	438,258				FUNDING SUPPORT
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040	20-5383271	501(C)(3)	146,758				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
MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102	14-1880022	501(C)(3)	283,973				FUNDING SUPPORT
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVE PRIMGHAR, IA 51245	42-1500277	501(C)(3)	401,086				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
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045	20-8072234	501(C)(3)	200,527				FUNDING SUPPORT

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
SCHOLARSHIPS	4	3,800			
TRANSPORTATION ASSISTANCE	369	8,608			
HOUSING	13	6,868			
LEGAL ASSISTANCE	5	3,806			
MEDICAL BILLS	166	20,429			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
PRESCRIPTION ASSISTANCE	19	1,812			
OTHER SERVICES/ITEMS	4	1,848			

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

# **Compensation Information**

OMB No 1545-0047

- 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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

Employer identification number  
31-1373080

## **Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                             </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                             </div> </div>		
<b>b</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.	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                             </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                             </div> </div>		
<b>4</b> 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: <div style="margin-top: 10px;"> <b>a</b> Receive a severance payment or change-of-control payment?                             </div> <div style="margin-top: 10px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                             </div> <div style="margin-top: 10px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                             </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> Yes <b>4b</b> Yes <b>4c</b> No	
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <div style="margin-top: 10px;"> <b>a</b> The organization?                             </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                             </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> No <b>5b</b> No	
<b>6</b> 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: <div style="margin-top: 10px;"> <b>a</b> The organization?                             </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                             </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> No <b>6b</b> No	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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.

See Additional Data Table

[illegible]

**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 2017. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: HUGH DEPAULIS - \$44,120; JAMES FITZPATRICK - \$82,002; LINDA KREI - \$118,487; BRIAN MONSMA - \$61,600; RICHARD O'CONNELL - \$448,968; JUDITH PERSICHILLI - \$480,920. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/17: HUGH DEPAULIS - \$8,824 (PAID IN 2018); JAMES FITZPATRICK - \$646,697 (\$484,557 PAID IN 2018 AND \$162,140 TO BE PAID IN 2019); BRIAN MONSMA - \$161,700 (\$154,000 PAID IN 2018 AND \$7,700 TO BE PAID IN 2019). 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 2017. 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 2017, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2017. THE FOLLOWING PAYOUTS FOR 2017 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$191,020; JAMES FITZPATRICK - \$108,707; RICHARD GILFILLAN, MD - \$351,851; PAUL NEUMANN - \$150,967; RICHARD O'CONNELL - \$202,294; KAY TAKES - \$43,163; DANIEL VARNUM - \$98,485. 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 (\$270,000 FOR 2017). THE FOLLOWING PAYOUTS FOR 2017 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BENJAMIN CARTER - \$100,285; PAUL NEUMANN - \$95,117; MARCIA SMITH - \$798; DANIEL VARNUM - \$24,808. 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 MHS-IA NON-QUALIFIED ELECTIVE DEFERRED COMPENSATION PLAN. THE FOLLOWING DEFERRALS FOR 2017 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BYRON CARLSON - \$20,120; MARK HAGANMAN - \$46,245; MICHAEL LAMPE - \$34,534; BRENT OWEN - \$38,748.



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				
1RODNEY SCHLADER TREAS/CFO, INT CEO MERCY SC AT 10/17	(i)	0	0	0	0	0	0	0
	(ii)	330,160	50,891	1,423	20,250	30,621	433,345	0
1MARCIA SMITH SECRETARY, ASSOC COUNSEL MERCYONE	(i)	0	0	0	0	0	0	0
	(ii)	294,618	69,041	2,119	12,150	28,467	406,395	0
2JAMES FITZPATRICK PRESIDENT & CEO SIOUX CITY THR 10/17	(i)	0	0	0	0	0	0	0
	(ii)	393,793	108,199	209,560	666,947	21,249	1,399,748	0
3DANIEL VARNUM CEO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	429,369	178,957	139,898	16,200	30,879	795,303	23,972
4PAUL MANTERNACH SVP PHYS INTEGRATION/CMO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	363,782	87,403	891	16,200	25,736	494,012	0
5KAY TAKES PRESIDENT DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	268,251	66,646	51,327	20,250	30,773	437,247	0
6DIANE FISCHELS VP COO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	295,642	70,366	1,296	20,250	18,905	406,459	0
7HUGH DEPAULIS VP FINANCE SIOUX CITY THROUGH 10/17	(i)	0	0	0	0	0	0	0
	(ii)	198,673	0	47,424	21,141	16,840	284,078	0
8DANETTE ZOOK VP FINANCE NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	187,900	46,480	768	18,334	27,914	281,396	0
9LAWRENCE VOLZ CMO SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	184,292	22,968	236	7,254	1,277	216,027	0
10KIM DUWE VP FINANCE DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	170,073	34,511	659	9,528	22,708	237,479	0
11BYRON CARLSON PHYSICIAN, FAMILY MEDICINE NORTH IA	(i)	398,760	0	418,050	20,250	32,387	869,447	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL LAMPE PHYSICIAN, FAMILY MEDICINE NORTH IA	(i)	727,573	5,000	34,964	15,185	16,483	799,205	0
	(ii)	0	0	0	0	0	0	0
13MARK HAGANMAN PHYSICIAN, FAMILY MEDICINE NORTH IA	(i)	706,485	0	46,456	20,250	20,860	794,051	0
	(ii)	0	0	0	0	0	0	0
14BRENT OWEN PHYSICIAN, FAMILY MEDICINE NORTH IA	(i)	685,322	1,000	59,243	12,150	31,269	788,984	0
	(ii)	0	0	0	0	0	0	0
15JEROME PIERSON PHYSICIAN, HEART CENTER NORTH IOWA	(i)	153,911	0	506	0	3,919	158,336	0
	(ii)	504,655	80,000	2,126	11,580	11,089	609,450	0
16JUDITH PERSICILLI FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	488,854	0	383	489,237	0
17PAUL NEUMANN FORMER OFFICER, TRIN CHIEF LEGAL CNSL	(i)	0	0	0	0	0	0	0
	(ii)	720,269	289,216	303,517	12,150	33,068	1,358,220	85,504
18BENJAMIN CARTER FORMER OFFICER, TRINITY HEALTH CFO	(i)	0	0	0	0	0	0	0
	(ii)	939,676	366,755	316,455	12,150	38,629	1,673,665	90,148
19RICHARD GILFILLAN MD FORMER OFFICER, TRINITY HEALTH CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,429,454	849,759	397,351	12,150	36,514	2,725,228	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				
<b>21</b> RICHARD O'CONNELL FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	31,633	193,351	655,879	7,059	9,566	897,488	0
<b>1</b> TERESA MOCK MD FORMER KE,SVP CCO AND CPHO N IOWA	(i)	0	0	0	0	0	0	0
	(ii)	313,410	74,594	2,131	16,200	20,797	427,132	0
<b>2</b> LINDA KREI FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	118,933	0	92	119,025	118,487
<b>3</b> GARY GUETZKO FORMER KE,VP BUS DEVELOPMENT DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	211,623	42,338	1,324	19,425	18,868	293,578	0
<b>4</b> BRIAN MONSMA FORMER KE,VP NTWK DVLP SC THR 8/17	(i)	0	0	0	0	0	0	0
	(ii)	128,539	25,545	70,568	171,549	20,297	416,498	0
<b>5</b> TRACY LARSON FORMER KEY EMPLOYEE, CNO SIOUX CITY	(i)	0	0	0	0	0	0	0
	(ii)	193,670	25,671	275	11,783	24,419	255,818	0
<b>6</b> KIMBERLY CHAMBERLIN FORMER KEY EMPLOYEE, CNO NORTH IOWA	(i)	0	0	0	0	0	0	0
	(ii)	185,167	44,675	727	10,573	14,906	256,048	0
<b>7</b> SUE MEADE FORMER KE, VP PROF SVCS DUBUQUE	(i)	0	0	0	0	0	0	0
	(ii)	153,690	30,905	301	11,354	13,518	209,768	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

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)					No
(2) AVERY OUTDOOR	MILTON AVERY, BOARD OFFICER, IS AN OWNER OF AVERY OUTDOOR	196,797	PAYMENTS MADE FOR SIGNS AND BILLBOARDS		No
(3) JULIA GOTH-AVERY	FAMILY MEMBER OF MILTON AVERY, BOARD OFFICER	10,440	EMPLOYMENT ARRANGEMENT		No
(4) WENDY OLSON	FAMILY MEMBER OF TRACY LARSON, FORMER KEY EMPLOYEE	52,369	EMPLOYMENT ARRANGEMENT		No
(5) SUSAN LARSON	FAMILY MEMBER OF TRACY LARSON, FORMER KEY EMPLOYEE	41,635	EMPLOYMENT ARRANGEMENT		No
(6) CLARE SCHLADER	FAMILY MEMBER OF RODNEY SCHLADER, BOARD OFFICER	22,011	EMPLOYMENT ARRANGEMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

31-1373080

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental 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 TH E RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MHS-IA

# 990 Schedule O, Supplemental Information

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 TRI NITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTIO N, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS AND MODIFICATIONS TO GOVERNING DOCUMENTS



**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

## 990 Schedule O, Supplemental Information

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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES PROGRAM SERVICE EXPENSES 231,351 MANAGEMENT AND GENERAL EXPENSES 20,811 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 252,162 LAUNDRY AND LINEN SERVICES PROGRAM SERVICE EXPENSES 497,135 MANAGEMENT AND GENERAL EXPENSES 44,719 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 541,854 BILLING SERVICES PROGRAM SERVICE EXPENSES 18,666 MANAGEMENT AND GENERAL EXPENSES 1,679 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,345 MEDICAL SPECIALIST FEES PROGRAM SERVICE EXPENSES 35,101,480 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 35,101,480 RECRUITING SERVICES PROGRAM SERVICE EXPENSES 1,839,363 MANAGEMENT AND GENERAL EXPENSES 165,458 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,004,821 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 15,949,565 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,949,565 CONTRACT LABOR PROGRAM SERVICE EXPENSES 15,150,805 MANAGEMENT AND GENERAL EXPENSES 1,362,876 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,513,681 MISCELLANEOUS PURCHASED SERVICES PROGRAM SERVICE EXPENSES 15,033,680 MANAGEMENT AND GENERAL EXPENSES 1,350,615 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,384,295

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET EQUITY TRANSFERS TO/FROM AFFILIATES -16,390,476 OTHER TRANSACTIONS 998,338 EQUITY GA IN/LOSS IN UNCONSOLIDATED AFFILIATES 2,657,405 ASSETT IMPAIRMENT -13,071,052

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2	MHS-IA'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY18 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

**990 Schedule O, Supplemental Information**

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, NORTH IOWA TEXTILE SERVICES, SHEFFIELD PHARMACY, SIOUXLAND PATHOLOGY GROUP-SMHC, SIOUXLAND RADIOLOGY-SMHC, ST JOSEPH COMMUNITY HOSPITAL, MERCY SOFT GOODS, MERCYONE DUBUQUE MEDICAL CENTER, MERCYONE DYERSVILLE MEDICAL CENTER, MERCYONE NEW HAMPTON MEDICAL CENTER, MERCYONE NORTH IOWA CLINICS, MERCYONE NORTH IOWA MEDICAL CENTER, MERCYONE SIOUXLAND MEDICAL CENTER



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
MERCY HEALTH SERVICES - IOWA CORP

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) MHN ACO LLC 1111 SIXTH AVENUE DES MOINES, IA 50314 42-1521367	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.

See Additional Data Table

(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

**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.

See Additional Data Table

(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	

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

See Additional Data Table

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

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)

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
245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 10	ST JOSEPH'S HEALTH 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
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	GOTTLIEB MEMORIAL HOSPITAL	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	



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(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
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		No

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
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTH CARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
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	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S 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
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 16-1535133	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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						Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 10	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	

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						Yes	No
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
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	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
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	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	

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						Yes	No
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	



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(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
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTH CARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
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 CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
FRANKLIN MEDICAL GROUP PC 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	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
HEALTH CARE MANAGEMENT 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DR SUITE 216 WESTMONT, IL 60559 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
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	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	MERCY HEALTH SERVICES-IOWA CORP	C	-4,459,684	15,477,840	100 000 %	Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
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 HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJPMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	



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

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								Yes	No
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTH CARE SERVICES	MI	N/A	C				Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
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
DUBUQUE MERCY HEALTH FOUNDATION	B	438,258	PER BOOKS
DUBUQUE MERCY HEALTH FOUNDATION	C	427,670	PER BOOKS
DYERSVILLE HEALTH FOUNDATION INC	B	146,758	PER BOOKS
TRINITY HEALTH CORPORATION	B	25,316,866	PER BOOKS
TRINITY HEALTH CORPORATION	C	153,956	PER BOOKS
TRINITY HEALTH CORPORATION	M	71,893,873	PER BOOKS
TRINITY HEALTH CORPORATION	P	17,737,182	PER BOOKS
TRINITY HEALTH CORPORATION	Q	7,543,859	PER BOOKS
TRINITY HEALTH CORPORATION	R	8,539,996	PER BOOKS
TRINITY HEALTH CORPORATION	E	4,300,000	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	M	90,758	PER BOOKS
TRINITY CONTINUING CARE SERVICES	M	295,769	PER BOOKS
TRINITY CONTINUING CARE SERVICES	P	117,476	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	L	213,866	PER BOOKS
MERCY HEART CTR OP SERVICES LLC	C	99,637	PER BOOKS
MERCY HEART CTR OP SERVICES LLC	L	100,362	PER BOOKS
SURGICAL CENTER BUILDING ASSOCIATES	C	134,293	PER BOOKS
MASON CITY AMBULATORY SURGERY CENTER LLC	C	2,826,630	PER BOOKS
MASON CITY AMBULATORY SURGERY CENTER LLC	L	310,381	PER BOOKS
FOREST PARK IMAGING LLC	C	1,554,675	PER BOOKS
FOREST PARK IMAGING LLC	L	727,479	PER BOOKS
HOSPICE OF NORTH IOWA	L	56,052	PER BOOKS
HOSPICE OF NORTH IOWA	M	158,114	PER BOOKS
HOSPICE OF NORTH IOWA	Q	649,459	PER BOOKS
MERCY MEDICAL CENTER FOUNDATION-NORTH IOWA	C	258,605	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
MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	B	283,973	PER BOOKS
MERCY MEDICAL CENTER-SIOUX CITY FOUNDATION	C	2,011,383	PER BOOKS
BAUM HARMON MERCY HOSPITAL	C	146,450	PER BOOKS
BAUM HARMON MERCY HOSPITAL	L	654,875	PER BOOKS
BAUM HARMON MERCY HOSPITAL	M	180,555	PER BOOKS
BAUM HARMON MERCY HOSPITAL	P	227,980	PER BOOKS
BAUM HARMON MERCY HOSPITAL	Q	337,139	PER BOOKS
OAKLAND MERCY HOSPITAL	B	800,823	PER BOOKS
OAKLAND MERCY HOSPITAL	L	588,007	PER BOOKS
OAKLAND MERCY HOSPITAL	M	62,344	PER BOOKS
OAKLAND MERCY HOSPITAL	P	271,671	PER BOOKS
OAKLAND MERCY HOSPITAL	Q	377,332	PER BOOKS
MERCY MEDICAL SERVICES	B	3,976,592	PER BOOKS
MERCY MEDICAL SERVICES	L	956,499	PER BOOKS
MERCY MEDICAL SERVICES	M	206,664	PER BOOKS
MERCY MEDICAL SERVICES	P	1,672,745	PER BOOKS
MERCY MEDICAL SERVICES	Q	2,026,282	PER BOOKS
MERCYUSP HEALTH VENTURES LLC	C	7,101,218	PER BOOKS
MERCY HEALTH NETWORK	P	6,670,264	PER BOOKS
MAGNETIC RESONANCE SERVICES PARTNERSHIP	C	969,491	PER TAX RETURN