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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
MERCY MEDICAL CENTER - NEWTON

Doing business as
DBA SKIFF MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
204 N 4TH AVE E

City or town, state or province, country, and ZIP or foreign postal code
NEWTON, IA 50208

D Employer identification number
42-1470935

E Telephone number
(641) 792-1273

G Gross receipts $ 36,511,833

F Name and address of principal officer:
LAURIE CONNER
204 N 4TH AVE E
NEWTON, IA 50208

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.MERCYONE.ORG/NEWTON/

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

L Year of formation: 1998 | **M** State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
MERCY MEDICAL CENTER-NEWTON IS A NOT-FOR-PROFIT CATHOLIC HEALTH ORGANIZATION CREATING HEALTHIER COMMUNITIES BY OPERATING A 48-BED HOSPITAL.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	297
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,905,765	1,742,944
	9	Program service revenue (Part VIII, line 2g)	30,054,948	34,454,796
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	400
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289,826	313,693
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,250,539	36,511,833
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	500	1,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,553,997	13,307,769
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,341,963	25,209,462
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	34,896,460	38,518,231
	19	Revenue less expenses. Subtract line 18 from line 12	-645,921	-2,006,398
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	23,093,794	22,591,972
	21	Total liabilities (Part X, line 26)	11,165,486	10,374,720
	22	Net assets or fund balances. Subtract line 21 from line 20	11,928,308	12,217,252

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date 2022-05-13

RANDALL L RUBIN SVP, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01725376
Firm's name ▶ COMMONSPIRIT HEALTH			Firm's EIN ▶ 47-0617373	
Firm's address ▶ 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			Phone no. (303) 298-9100	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 35,798,766 including grants of $ 1,000) (Revenue $ 34,454,796)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 35,798,766

Part IV Checklist of Required Schedules

	Question	Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

Line	Question	Sub-line	Amount	Line	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	297			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶RANDALL L RUBIN 204 N 4TH AVE E NEWTON, IA 50208 (515) 643-7860

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MICHAEL WEGNER FORMER DIRECTOR / MARKET SVP COO	0.00 40.00						X	0	1,013,647	37,256
(2) KARL KEELER PRESIDENT CHI IOWA CORP	1.00 50.00	X		X				0	714,956	43,554
(3) RANDALL RUBIN SVP, CFO CHI IOWA CORP	1.00 50.00			X				0	485,411	41,095
(4) LAURIE CONNER PRESIDENT	50.00 0.00	X		X				282,982	0	17,033
(5) SUSAN PAIR CRNA	40.00 0.00					X		168,126	58,657	40,457
(6) MEGAN DEPOORTER CRNA	40.00 0.00					X		161,386	51,660	40,994
(7) DIXIE BAKKEN CRNA	40.00 0.00					X		163,129	51,681	38,491
(8) COLLEEN JACOBSEN MANAGER PHARMACY	40.00 0.00					X		150,071	0	18,598
(9) RANINA ROBINSON PHARMACY MANAGER	40.00 0.00					X		154,329	0	9,000
(10) MARK ALLEN DIRECTOR	1.00 0.00	X						0	0	0
(11) JEFF KING PHD CHAIR	1.00 0.00	X		X				0	0	0
(12) ADAM OTTO DIRECTOR	1.00 0.00	X						0	0	0
(13) DEBBY PENCE VICE CHAIR	1.00 0.00	X		X				0	0	0
(14) LOIS VOGEL SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(15) BEV ROSSOW DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,080,023	2,376,012	286,478

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 ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN BLDG MAINTENANCE CO 3940 RUFFIN RD C SAN DIEGO, CA 92123	FACILITY MANAGEMENT COMPANY	720,441
DES MOINES RIVER PHYSICIANS 1111 6TH AVE DES MOINES, IA 50314	PHYSICIAN STAFFING	566,042
IOWA ORTHOPAEDIC CENTER 450 LAUREL ST STE A DES MOINES, IA 50314	MEDICAL SERVICES	453,558
MEDICAL ONCOLOGY & HEMATOLOGY 1221 PLEASANT ST STE 100 DES MOINES, IA 50309	HEALTHCARE CONSULTING	414,648
CONTE TCV PC 4949 PLEASANT ST 200 WEST DES MOINES, IA 50266	MEDICAL SERVICES	308,992

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 14

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 429,746				
	e Government grants (contributions)	1e 1,313,198				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h Total. Add lines 1a-1f ▶		1,742,944			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICES	900099	34,470,910	34,470,910	0	0
	b EQUITY CHANGES OF UNCO	900099	-16,114	-16,114	0	0
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. ▶		34,454,796			

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents (6a)	87,101					
	b Less: rental expenses (6b)	0					
	c Rental income or (loss) (6c)	87,101					
	d Net rental income or (loss) ▶			87,101			87,101
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory (7a)		400				
	b Less: cost or other basis and sales expenses (7b)		0				
	c Gain or (loss) (7c)		400				
	d Net gain or (loss) ▶			400			400
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 (8a)						
	b Less: direct expenses (8b)						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 (9a)						
	b Less: direct expenses (9b)						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances (10a)						
	b Less: cost of goods sold (10b)						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a CAFETERIA	722100		107,569	0	0	107,569
	b MEDICAL SERVICES	621300		23,248	0	0	23,248
	c TAX REFUND	900099		19,119	0	0	19,119
	d All other revenue			76,656			76,656
	e **Total.** Add lines 11a–11d ▶			226,592			
	12 **Total revenue.** See instructions ▶			36,511,833	34,454,796	0	314,093

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000	1,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,009	292,508	32,501	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,235,962	9,212,365	1,023,597	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	515,523	463,971	51,552	
9 Other employee benefits	1,467,184	1,320,466	146,718	
10 Payroll taxes	764,091	687,682	76,409	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	5,304	5,304		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,834,667	9,256,350	578,317	
12 Advertising and promotion	55,474	49,926	5,548	
13 Office expenses	320,586	288,527	32,059	
14 Information technology	48,914	44,022	4,892	
15 Royalties				
16 Occupancy	723,818	651,436	72,382	
17 Travel	13,996	12,596	1,400	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,234	2,011	223	
20 Interest				
21 Payments to affiliates	314,752	283,277	31,475	
22 Depreciation, depletion, and amortization	1,409,486	1,268,538	140,948	
23 Insurance	108,014	108,014		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	9,261,817	9,261,817	0	0
b REPAIRS AND MAINTENANCE	1,716,541	1,544,887	171,654	0
c MISCELLANEOUS EXPENSES	884,544	662,082	222,462	0
d RECRUITMENT AND RELOCAT	173,333	130,000	43,333	
e All other expenses	335,982	251,987	83,995	
25 **Total functional expenses.** Add lines 1 through 24e	38,518,231	35,798,766	2,719,465	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		6,730,745	2	5,211,105
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		4,131,782	4	4,939,511
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		516,709	8	747,761
	9	Prepaid expenses and deferred charges		152,228	9	122,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,904,683			
	b	Less: accumulated depreciation	10b 9,545,038	11,314,666	10c	11,359,645
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities. See Part IV, line 11			12	0
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		247,364	15	211,559
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		23,093,794	16	22,591,972
Liabilities	17	Accounts payable and accrued expenses		8,568,526	17	8,667,107
	18	Grants payable			18	0
	19	Deferred revenue		2,145,851	19	0
	20	Tax-exempt bond liabilities			20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		451,109	25	1,707,613
	26	**Total liabilities.** Add lines 17 through 25		11,165,486	26	10,374,720
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		11,928,308	27	12,217,252
	28	Net assets with donor restrictions			28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		11,928,308	32	12,217,252
	33	Total liabilities and net assets/fund balances		23,093,794	33	22,591,972

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,511,833
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,518,231
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,006,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,928,308
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	382,174
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,913,168
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,217,252

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:	
Software Version:	
EIN:	42-1470935
Name:	MERCY MEDICAL CENTER - NEWTON

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE H

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133069552

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** 2020	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** 2020	**(f)** Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	**15**	
16 Public support percentage from 2019 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	**17**	
18 Investment income percentage from **2019** Schedule A, Part III, line 17	**18**	

19a **331/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	**5**	
6 Other distributions (*describe in **Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2020**	**(iii)** **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
MERCY MEDICAL CENTER - NEWTON	42-1470935

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

	(a)	(b)
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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,304
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			5,304
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS: AMERICAN HOSPITAL ASSOCIATION - $927 CATHOLIC HEALTH ASSOCIATION - $493 IOWA HOSPITAL ASSOCIATION - $3,884

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	187,696	184,094	163,250	133,776	107,622
b Contributions	15,000	14,125	15,000	16,000	16,000
c Net investment earnings, gains, and losses	36,612	7,803	10,051	14,076	13,539
d Grants or scholarships	20,449	18,326	4,207	602	3,385
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	218,859	187,696	184,094	163,250	133,776

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

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ 100.000 %

c Term endowment ▶ ....

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		No
(ii) Related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		1,180,000		1,180,000
b Buildings		8,951,765	3,082,515	5,869,250
c Leasehold improvements				
d Equipment		9,486,774	6,242,523	3,244,251
e Other		1,286,144	220,000	1,066,144
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,359,645

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
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	
(2) LEASE LIABILITY	74,867
(3) SECURITY DEPOSITS	337
(4) INTERCOMPANY PAYABLES	1,632,409
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,707,613

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1470935
Name: MERCY MEDICAL CENTER - NEWTON

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	MERCY FOUNDATION, A RELATED ORGANIZATION, HOLDS THE ENDOWMENTS FUNDS ON BEHALF OF MERCY ME DICAL CENTER - NEWTON. MERCY FOUNDATION USES ENDOWMENT FUNDS AS DIRECTED BY THE ENDOWMENT DOCUMENTS. THE ENDOWMENTS FUND SCHOLARSHIPS FOR HEALTH CARE STUDENTS, EQUIPMENT PURCHASES FOR TAX-EXEMPT HEALTHCARE NEEDS AND HOSPITAL TAX-EXEMPT OPERATIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MERCY MEDICAL CENTER - NEWTON'S FINANCIAL INFORMATION IS INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS, WHICH INCLUDES THE FOLLOWING DISCLOSURE: COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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SCHEDULE H (Form 990)

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	**1a**	Yes	
b	If "Yes," was it a written policy?	**1b**	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000000 %	**3a**	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %	**3b**	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	**4**	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	**5a**	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	**5b**		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	**5c**		
6a	Did the organization prepare a community benefit report during the tax year?	**6a**	Yes	
b	If "Yes," did the organization make it available to the public?	**6b**	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		604	56,152		56,152	0.150 %
b Medicaid (from Worksheet 3, column a)			2,500,000		2,500,000	6.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		604	2,556,152		2,556,152	6.640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	1,948	126,848	2,744	124,104	0.320 %
f Health professions education (from Worksheet 5)	2	479	7,340		7,340	0.020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	350	4,310		4,310	0.010 %
j **Total.** Other Benefits	10	2,777	138,498	2,744	135,754	0.350 %
k **Total.** Add lines 7d and 7j	10	3,381	2,694,650	2,744	2,691,906	6.990 %

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	1		500		500	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		169		169	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2		669		669	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	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,215,093		
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	8,877,945
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,159,993
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,282,048

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

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

			Yes	No
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** 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)

Name of hospital facility or letter of facility reporting group MERCYONE NEWTON MEDICAL CENTER (FORMERLY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, PAGE 8			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, PAGE 8			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MERCYONE NEWTON MEDICAL CENTER (FORMERLY

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
	b ☐ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☐ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a ☑ The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
	b ☑ The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
	c ☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☐ 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 ☑ 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 ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MERCYONE NEWTON MEDICAL CENTER (FORMERLY

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ 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			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
	f ☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ 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			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
	a ☑ 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 (if not, describe in Section C)			
	b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
	c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
	d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
	e ☐ Other (describe in Section C)			
	f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why:			
	a ☐ The hospital facility did not provide care for any emergency medical conditions			
	b ☐ The hospital facility's policy was not in writing			
	c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group MERCYONE NEWTON MEDICAL CENTER (FORMERLY

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C.			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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?________________

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE: * THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. * THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG. * THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP]. * THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE: * RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS; * HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC; * PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); * FOOD STAMP ELIGIBILITY; * SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY; * ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E.G., MEDICAID SPEND-DOWN); * LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; OR * PATIENT IS DECEASED WITH NO KNOWN ESTATE.
PART I, LINE 7:	THE COST-TO-CHARGE RATIO FOR THE YEAR ENDED 6/30/21 WAS COMPUTED USING THE FOLLOWING FORMULA: OPERATING EXPENSE (BEFORE RESTRUCTURING, IMPAIRMENT AND OTHER LOSSES) DIVIDED BY GROSS PATIENT REVENUE.BASED ON THAT FORMULA, $36,800,619/116,618,589 RESULTS IN A 31.56% COST-TO-CHARGE RATIO.WORKSHEET 2 WAS NOT USED TO DERIVE THE COST-TO-CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	MERCYONE NEWTON PARTNERS WITH NUMEROUS ORGANIZATIONS WITHIN THE COMMUNITY TO PROMOTE THE HEALTH AND WELL-BEING OF THE ORGANIZATION'S EMPLOYEES AND THE COMMUNITY IN GENERAL. THIS IS DONE THROUGH PARTICIPATION ON LOCAL ORGANIZATION BOARDS AND IN PARTNERING TO HOST AND SUPPORT COMMUNITY EVENTS WHICH RAISE AWARENESS TO COMMUNITY HEALTH NEEDS.
PART III, LINE 2:	COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 31.56%. WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	MERCY MEDICAL CENTER - NEWTON DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE.
PART III, LINE 4:	MERCY MEDICAL CENTER - NEWTON DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS:COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HINDSIGHT ANALYSIS ARE PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEEN-MONTH COLLECTION HISTORY AND WRITE-OFF DATA. SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF THE CHANGE.SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRD-PARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. BAD DEBT EXPENSE FOR 2021 AND 2020 WAS NOT SIGNIFICANT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	COMMONSPIRIT HEALTH HOSPITALS PREPARE MEDICARE COST REPORTS IN A MANNER THAT COMPORTS WITH PROVIDER REIMBURSEMENT MANUAL (PRM) 15-1 AND PRM 15-2 CHAPTER 40 (TRANSMITTAL 13). AS SUCH, THE FOLLOWING LANGUAGE PER PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT: TOTAL ALLOWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER PATIENTS SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RECEIVED BY PROGRAM BENEFICIARIES. THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FOR THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPARTMENT. ADDED TO THIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DETERMINED ON THE BASIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUTINE PATIENT CARE AREAS. ANOTHER FACTOR CONSIDERED IS A SEPARATE AVERAGE COST PER DIEM FOR EACH INTENSIVE CARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPITAL UNITS. COMMONSPIRIT HEALTH AND ITS SUBORDINATE CORPORATIONS BELIEVE THAT THE ENTIRE MEDICARE SHORTFALL FOR THE CONSOLIDATED ENTITIES, CONSTITUTES COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY COMMONSPIRIT HEALTH HOSPITALS IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES. THE HOSPITALS PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. MERCYONE NEWTON MEDICAL CENTER'S SHORTFALL, AS REPORTED ON PART III, SECTION B, LINE 7, OF $3,282,048 REPRESENTS THE FILING ORGANIZATION'S MEDICARE COST REPORTS.
PART III, LINE 9B:	THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES. BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE, HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I.E., DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE.HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF. ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF (EXCLUDING MEDICAID DENIALS RELATED TO TIMELINESS OF BILLING, INSUFFICIENT MEDICAL RECORD DOCUMENTATION, MISSING INVOICES, AUTHORIZATION, OR ELIGIBILITY ISSUES) AS A RESULT OF A MEDICAID ARE BOOKED AS CHARITY.SOME MEDICAID PLANS OFFER COVERAGE FOR A LIMITED OR RESTRICTED LIST OF SERVICES. IF A PATIENT IS ELIGIBLE FOR MEDICAID, ANY CHARGES FOR DAYS OR SERVICES NOT COVERED BY THE PATIENT'S COVERAGE MAY BE WRITTEN OFF TO CHARITY WITHOUT A COMPLETED APPLICATION. THIS DOES NOT INCLUDE ANY SHARE OF COST (SOC) OR OTHER PATIENT COST-SHARING AMOUNTS SUCH AS DEDUCTIBLES OR COPAYMENTS, AS SUCH COSTS ARE DETERMINED BY THE STATE TO BE AN AMOUNT THAT THE PATIENT MUST PAY BEFORE THE PATIENT IS ELIGIBLE FOR MEDICAID. HEALTH AND HUMAN SERVICES (HSS) USES THE TERM "SPEND DOWN" INSTEAD OF SHARE OF COST.ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY, A DESIGNATED SUPPLIER, OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES. ALL THIRD-PARTY AGREEMENTS GOVERNING COLLECTION AND RECOVERY ACTIVITIES MUST INCLUDE A PROVISION REQUIRING COMPLIANCE WITH THE HOSPITAL FACILITIES' FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICY AND INDEMNIFICATION FOR FAILURES AS A RESULT OF ITS NONCOMPLIANCE. THIS INCLUDES, BUT IS NOT LIMITED TO, AGREEMENTS BETWEEN THIRD PARTIES WHO SUBSEQUENTLY SELL OR REFER DEBT OF THE HOSPITAL FACILITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	MANY SERVICES PROVIDED BY MERCYONE NEWTON MEDICAL CENTER CONTINUE TO SURFACE ARE AREAS OF GREATEST NEED. ACCESS TO QUALITY HEALTH CARE IN OUR RURAL SETTING, AS WELL AS ACCESS TO QUALITY EMERGENCY CARE AND COORDINATED EFFORTS FOR MENTAL AND BEHAVIORAL HEALTH FOLLOW UP, AND THE NEED FOR IMPROVED RURAL ACCESS TO SPECIALTY CARE AND FINANCIAL ASSISTANCE FOR THE UNINSURED AND UNDERSERVED WERE IDENTIFIED BY THE PARTICIPANTS. THESE BARRIERS, COMPOUNDED BY THE CHALLENGES OF PROVIDING QUALITY HEALTH CARE IN A RURAL SETTING, COMBINED WITH NEEDED ACCESS TO HEALTHY FOOD, SAFE HOUSING AND PUBLIC TRANSPORTATION, HAVE GUIDED THE COMMUNITY-BASED ACTIVITIES FOR MERCYONE NEWTON MEDICAL CENTER.OTHER AVENUES OF ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITY WE SERVE INCLUDE MARKET SHARE ANALYSIS DATA BY THE EXECUTIVE TEAM FROM THE IOWA HOSPITAL ASSOCIATION, TRANSFER ANALYSIS BY THE LEADERSHIP AND EXECUTIVE TEAM AND, STRATEGIC PLANNING SESSIONS WITH KEY STAKEHOLDERS AND PARTNERS IN THE LOCAL HEALTHCARE MARKET AND MERCYONE EXECUTIVE LEADERS, FEEDBACK AND ANALYSIS FROM MULTIPLE PARTNERSHIPS AND GROUP MEETINGS THAT THE HOSPITAL IS INVOLVED IN SUCH AS THE JASPER COUNTY COMMUNICATE CARES COALITION, ETC.
PART VI, LINE 3:	NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO: * CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS; * NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT; AND * PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT. SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES. ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE. UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE. HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS. PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES. IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE. THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION. ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES.HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	MERCYONE NEWTON MEDICAL CENTER (SKIFF) IS A RURAL HOSPITAL IN JASPER COUNTY THAT SERVES PRIMARILY THE RESIDENTS OF JASPER COUNTY, BUT ALSO SOME OF THE SURROUNDING COUNTIES SUCH AS POWESHIEK, MARION, AND MARSHALL COUNTIES, OF WHICH EACH SURROUNDING COUNTY ALSO HAS AT LEAST ONE RURAL HOSPITAL. JASPER COUNTY IS LOCATED 35 MILES EAST OF DES MOINES, IT IS THE 18TH MOST POPULOUS COUNTY OF IOWA'S 99 TOTAL COUNTIES, IN THE 2010 CENSUS. THE COUNTY SEAT IS NEWTON. IN TOTAL, JASPER COUNTY HAS A LAND AREA OF 729.99 SQ. MILES.ACCORDING TO THE 2018 ROBERT WOOD JOHNSON COUNTY HEALTH RANKINGS, JASPER COUNTY IA WAS RANKED 68TH IN HEALTH OUTCOMES, 40TH IN HEALTH FACTORS, AND 75TH IN PHYSICAL ENVIRONMENTAL QUALITY OUT OF THE 99 COUNTIES.JASPER COUNTY'S POPULATION IS 36,966 (BASED ON 2017), WITH A POPULATION PER SQUARE MILE (BASED ON 2010) OF 50.4 PERSONS. SIX PERCENT (5.8%) OF THE POPULATION IS UNDER THE AGE OF 5 AND 19% IS OVER 65 YEARS OLD. FORTY-NINE PERCENT (48.8%) OF JASPER COUNTY IS FEMALE. HISPANIC OR LATINOS MAKE UP 2.2% OF THE POPULATION AND THERE ARE 2.2% OF JASPER COUNTY CITIZENS THAT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IN JASPER COUNTY, CHILDREN IN SINGLE PARENT HOUSEHOLDS MAKE UP 29%. THERE ARE 2,693 VETERANS LIVING IN JASPER COUNTY.THE PER CAPITA INCOME IN JASPER COUNTY IS $27,214, AND 9% OF THE POPULATION IN POVERTY. THERE IS A SEVERE HOUSING PROBLEM OF 12%. THERE ARE 2,857 TOTAL FIRMS (BASED ON 2012) IN JASPER COUNTY AND AN UNEMPLOYMENT RATE OF 3.6%. FOOD INSECURITY IS AT 12%, AND LIMITED ACCESS TO A STORE (HEALTHY FOODS) AT 4%. THIRTY-FOUR PERCENT OF INDIVIDUALS HAVE A LONG COMMUTE TO WORK.CHILDREN ELIGIBLE FOR A FREE OR REDUCED-PRICE LUNCH IS AT 40% AND 93.1% OF STUDENTS GRADUATE HIGH SCHOOL WHILE 18.1% OF STUDENTS GET THEIR BACHELOR'S DEGREE OR HIGHER IN JASPER COUNTY. THERE IS ONE FULL-TIME SCHOOL NURSE IN EACH SCHOOL DISTRICT: NEWTON, LYNNVILLE-SULLY AND COLFAX-MINGO.THE PERCENT OF BIRTHS WHERE PRENATAL CARE STARTED IN THE FIRST TRIMESTER IS 84% AND 8.3% OF BIRTHS ARE PREMATURE. THIRTY-THREE PERCENT OF BIRTHS IN JASPER COUNTY OCCUR TO UNMARRIED WOMEN. BIRTHS WHERE MOTHERS HAVE SMOKED DURING THE PREGNANCY IS AT HIGH AT 25.6% AND THE PERCENT OF BABIES UP TO 2 YEARS OLD THAT RECEIVE VACCINES IS 64%.THERE IS ONE PRIMARY CARE PHYSICIAN PER 2,460 PEOPLE IN JASPER COUNTY. PATIENTS WHO GAVE THEIR HOSPITAL A RATING OF 9 OR 10 OUT 10 ARE 76% AND THE AVERAGE TIME SPENT IN THE ER IS 48 MINUTES.MEDICARE POPULATION GETTING TREATED FOR DEPRESSION IN JASPER COUNTY IS 14%. THERE ARE 3.2 DAYS OUT OF THE YEAR THAT ARE POOR MENTAL HEALTH DAYS. THE AGE-ADJUSTED SUICIDE MORTALITY RATE (PER 100K) IS 15.6. JASPER COUNTY HAS A 60.2 OPIOID PRESCRIPTION RATE OUT OF 100 PRESCRIPTIONS WRITTEN IN 2017.THIRTY-TWO PERCENT OF ADULTS IN JASPER COUNTY ARE OBESE (BASED ON 2014), WITH 27% OF THE POPULATION PHYSICALLY INACTIVE. 20% OF ADULTS DRINK EXCESSIVELY AND 15% SMOKE. HYPERTENSION RISK IS AT 46.7%, WHILE HYPERLIPIDEMIA IS AT 39.9%. OSTEOPOROSIS IS 5.1% WHILE HEART FAILURE (9.8%) AND CHRONIC KIDNEY DISEASE (12.4%) ARE LOWER THAN THE COMPARATIVE NORM. THE ADULT UNINSURED RATE FOR JASPER COUNTY IS 5%.THE LIFE EXPECTANCY RATE IN JASPER COUNTY IS 77.7 FOR MALES AND 81.9 FOR FEMALES. HEART DISEASE MORTALITY RATE (PER 100K) IS 156.6 AND THE CANCER MORTALITY RATE IS AT 175.8. THE AGE ADJUSTED CHRONIC LOWER RESPIRATORY MORTALITY RATE IS AT 43.8, AND ALCOHOL-IMPAIRED DRIVING DEATHS ARE LOWER THAN THE NORM, AT 12% IN JASPER COUNTY. EIGHTY-ONE PERCENT OF JASPER COUNTY HAS ACCESS TO EXERCISE OPPORTUNITIES AND AS HIGH AS 91% MONITOR DIABETES. 66% OF WOMEN IN JASPER COUNTY GET ANNUAL MAMMOGRAPHY SCREENINGS (BASED ON 2014).
PART VI, LINE 5:	MERCYONE NEWTON PARTNERS WITH NUMEROUS ORGANIZATIONS WITHIN THE COMMUNITY TO PROMOTE THE HEALTH AND WELLBEING OF THE ORGANIZATION'S EMPLOYEES AND THE COMMUNITY IN GENERAL. THIS IS DONE THROUGH PARTICIPATION ON LOCAL ORGANIZATION BOARDS AND IN PARTNERING TO HOST AND SUPPORT COMMUNITY EVENTS WHICH RAISE AWARENESS TO COMMUNITY HEALTH NEEDS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH IN EARLY 2019. COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND IS THE SOLE CORPORATE MEMBER (PARENT CORPORATION) OF OTHER PRIMARILY NONPROFIT CORPORATIONS THAT ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. COMMONSPIRIT HEALTH IS COMPRISED OF MORE THAN 1,500 CARE SITES, CONSISTING OF 140 HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND IS THE SOLE CORPORATE MEMBER OF OTHER PRIMARILY NONPROFIT CORPORATIONS THAT ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. COMMONSPIRIT HEALTH IS COMPRISED OF 137 HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2021, COMMONSPIRIT HEALTH PROVIDED MORE THAN $2.5 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN $5.1 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF $33.25 BILLION IN FISCAL YEAR 2021, HAS TOTAL ASSETS OF APPROXIMATELY $54.87 BILLION.COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED SERVICES FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY.

Additional Data

Software ID:
Software Version:
EIN: 42-1470935
Name: MERCY MEDICAL CENTER - NEWTON

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? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MERCYONE NEWTON MEDICAL CENTER (FORMERLY SKIFF) 204 N 4TH AVE E NEWTON, IA 50208 HTTPS://WWW.MERCYONE.ORG/NEWTON/ 500041H	X	X					X			

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
MERCYONE NEWTON MEDICAL CENTER (FORMERLY SKIFF)	PART V, SECTION B, LINE 5: * MERCYONE NEWTON (SKIFF) COLLABORATED WITH JASPER COUNTY PUBLIC HEALTH DEPARTMENT TO JOINTLY HOLD A COMMUNITY NEEDS ASSESSMENT AND TOWN HALL, AND COLLABORATED WITH OTHER KEY STAKEHOLDERS TO FORM THE GOALS AND STRATEGIES FOR THE HEALTH IMPLEMENTATION STRATEGY INCLUDING REPRESENTATIVES FROM MERCYONE NEWTON MEDICAL CENTER, JASPER COUNTY PUBLIC HEALTH ADMINISTRATOR, CHIEF OF POLICE FOR NEWTON POLICE DEPARTMENT, CEO JODY EATON WITH CENTRAL IOWA COMMUNITY SERVICES (CICS), HANNAH MCMUNN WITH EMPLOYEE AND FAMILY RESOURCES (EFR), AND NEWTON YMCA CEO.* SIXTY-SEVEN (67) PARTICIPANTS FROM THE JASPER COUNTY COMMUNITY ATTENDED THE CHNA TOWN HALL AND THE ATTENDING PARTICIPANTS INCLUDED, BUT NOT LIMITED TO, JASPER COUNTY PUBLIC HEALTH BOARD MEMBERS, NURSING HOME ADMINISTRATORS AND NURSES, POLICE DEPARTMENT, JASPER COUNTY BOARD OF SUPERVISORS, NEWTON FIRE DEPARTMENT, NEWTON SALVATION ARMY, JASPER COUNTY PUBLIC HEALTH ADMINISTRATOR AND NURSING, AND MORE.* THE PROCESSES FOR DATA COLLECTION BEGAN IN JANUARY 2019 WITH KICK-OFF CONFERENCE CALL WITH THE HOSPITAL AND JASPER COUNTY BOARD OF HEALTH.* A COLLABORATIVE DATA COLLECTION BEGAN IN JANUARY 2019 VIA PRESS RELEASE AND ONLINE SURVEY TO STAKEHOLDERS AND COMMUNITY MEMBERS.* SUMMARY DATA INPUTS WERE SUBMITTED USING VARIOUS METHODS SUCH AS INDIVIDUAL THE AFOREMENTIONED ONLINE SURVEY ASSESSMENT WHICH RECEIVED FEEDBACK TO SPECIFIC QUESTIONS AND ALLOWED FOR GENERAL COMMENTS TO BE SUBMITTED, COMMUNITY FOCUS GROUPS AT THE TOWN HALL IN MARCH 2019, AND ACCESS TO IDPH METRICS FOR JASPER COUNTY THROUGHOUT JAN-MARCH 2019.* A COMMUNITY TOWN HALL WAS HELD AT NEWTON DMACC FACILITY FOLLOWING SURVEY COMPLETION FOR ACTIVE PARTICIPATION FROM COMMUNITY MEMBERS AND ALL KEY STAKEHOLDERS IN MARCH 2019. * KEY STAKEHOLDERS MET TO DETERMINE GOALS AND STRATEGIES FOR THE HEALTH IMPLEMENTATION AND ACTION PLAN IN MAY JUNE 2019 AND THE HEALTH IMPLEMENTATION PLAN WAS APPROVED AND ADOPTED BY THE BOARD OF DIRECTORS AT MERCYONE NEWTON MEDICAL CENTER DURING THIS TIMEFRAME AS WELL.* THE NAMES OF ORGANIZATIONS THAT PROVIDED INPUT INCLUDE, BUT IS NOT LIMITED TO, MERCYONE NEWTON MEDICAL CENTER, NEWTON YMCA, JASPER COUNTY PUBLIC HEALTH, NEWTON POLICE DEPARTMENT, NEWTON FIRE DEPARTMENT, NEWTON VILLAGE, PARK CENTER, JASPER COUNTY BOARD OF SUPERVISORS, PROGRESS INDUSTRIES, CAREMORE, SALVATION ARMY, HIRRTA, ACURA, NEWTON DAILY NEWS, THE DENTAL PRACTICE, DMACC, NEWTON HEALTHCARE CENTER, KEYSTONE LABORATORIES, NEWTON CLINIC, MARION COUNTY PUBLIC HEALTH, PREGNANCY CENTER OF CENTRAL IOWA, GENERAL COMMUNITY MEMBERS, AND MORE.* THE MEDICALLY UNDERSERVED OR LOW INCOME, MINORITY POPULATIONS BEING REPRESENTED WERE THE HOMELESS, INDIVIDUALS WITH BEHAVIORAL AND MENTAL HEALTH ISSUES, UNEMPLOYED AND UNINSURED INDIVIDUALS, COMMUNITY MEMBERS BELOW POVERTY LINE, MINORITY GROUPS INCLUDING HISPANIC, LATINO, ETC., SINGLE PARENTS, GERIATRIC POPULATION, RETIRED POPULATION, AND MORE.

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
MERCYONE NEWTON MEDICAL CENTER (FORMERLY SKIFF)	PART V, SECTION B, LINE 6B: JASPER COUNTY PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
MERCYONE NEWTON MEDICAL CENTER (FORMERLY SKIFF)	PART V, SECTION B, LINE 13H: THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS.

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
PART V, SECTION B, LINE 3E:	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA.

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
PART V, SECTION B, LINE 7A:	HTTPS://WWW.MERCYONE.ORG/NEWTON/_ASSETS/DOCUMENTS/NEWTON2019CHNAJASPERCOIAREPORT.PDF

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
PART V, SECTION B, LINE 10A:	HTTPS://WWW.MERCYONE.ORG/NEWTON/_ASSETS/DOCUMENTS/2019ACTIONPLANMERCYONENEWTON.PDF

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
PART V, SECTION B, LINE 11:	* KEY STAKEHOLDERS OFTEN WORK TOGETHER BY WAY OF COALITION MEETINGS AND OTHER REGULARLY SC HEDULED MEETINGS TO JOINTLY ADDRESS AND ACHIEVE GOALS FOR EACH PRIORITY.* EVERY 6 MONTHS A LL KEY STAKEHOLDERS, PARTNERS, AND GOAL "LEADS" MEET FOR A PROGRESS REPORT WORK GROUP SESS ION TO PROVIDE UPDATES AND PROGRESS TOWARDS MEETING ESTABLISHED GOALS.* MERCYONE NEWTON ME DICAL CENTER WAS NOT IDENTIFIED AS A "LEAD OR PARTNER WITH CHILD CARE SERVICES NEED AS THI S IS NOT PART OF THE HOSPITAL MISSION OF CRITICAL OPERATIONS.* OTHER ITEMS THAT RECEIVED V OTES BUT WERE NOT ADDRESSED AS A TOP PRIORITY/NEED TO ADDRESS WERE EMERGENCY ROOM, SUICIDE , WOMEN'S HEALTH, SINGLE PARENT SUPPORT, TOBACCO, HEALTHCARE INSURANCE, DENTAL CARE, AND H EALTH ENGAGEMENT. THE REASON THESE ITEMS WERE NOT BEING ADDRESSED IS BECAUSE OF LACK OF AV AILABLE RESOURCES AND OTHER NEEDS WERE PRIORITIZED ABOVE THEM. THE TOP 8 ITEMS ADDRESSED W ERE THE AREAS OF NEED THAT RECEIVED THE MOST VOTES DURING THE TOWN HALL SESSION.AREA OF NE ED #1:MENTAL HEALTH (DIAGNOSIS, TREATMENT, AFTERCARE)GOAL 1: INCREASE VISIBILITY AND AWARE NESS OF MENTAL HEALTH SERVICES IN JASPER COUNTY.ACTION/STRATEGY 1: INCREASE VISIBILITY AND AWARENESS OF QUALIFIED LOCAL PROVIDERS IN THE COMMUNITY FOR ASSESSMENT AND TREATING CRISI S MENTAL ILLNESS - MONTHLY MEETINGS TO PLAN AND PROMOTE.HOSPITAL PROGRESS REPORT 3, DEC 20 20: CONTINUES TO BE 'PARTIALLY MET / IN PROGRESS.' JULY 2020 - DECEMBER 2020 WAS AGAIN IMP ACTED BY THE COVID-19 PANDEMIC AND NECESSARY PRECAUTIONS SUCH AS SOCIAL DISTANCING, LIMITE D IN-PERSON MEETINGS, ETC. (1) SUICIDE THE RIPPLE EFFECT AT CAPITOL THEATER IN SEPTEMBER 2 020 - SEE PROGRESS REPORT 3 APPENDIX, PAGE 2; (2) DURING THE DERECHO STORM THERE WERE MENT AL HEALTH RESOURCES AVAILABLE THROUGH THE STATE, INCLUDING JASPER COUNTY; (3) YOURLIFEIOWA AND DISASTER RESPONSE TEAM WERE PROMOTED DURING THE PANDEMIC. (4) COVID RECOVERY IOWA ADV ERTISEMENTS REGARDING HELP WITH MENTAL HEALTH DURING THE PANDEMIC. CONNIE MCQUESTIN REPRES ENTING JASPER COUNTY IN PLACE OF JODY EATON (JODY HAS RETIRED).HOSPITAL PROGRESS REPORT 4, DEC 2021: CONTINUES TO BE 'PARTIALLY MET/IN PROGRESS.' JANUARY 2021-JUNE 2021 WAS AGAIN I MPACTED BY THE COVID-19 PANDEMIC AND NECESSARY PRECAUTIONS SUCH AS SOCIAL DISTANCING, LIMI TED IN-PERSON MEETINGS, ETC. JASPER COUNTY CARES COALITION CONTINUES TO MEET VIA ZOOM. (1) DISCOVER HOPE TO OPEN UP MENS SHELTER, TALK ABOUT OPENING WOMENS SHELTER. RECEIVED GRANT FUNDING FOR THE SHELTER. (2) NAMI CENTRAL IOWA'S 8TH ANNUAL TRIVIA NIGHT FUNDRAISER HELD M AY 27TH, 2021 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 1. (3) CAPSTONE RECEIVED GRANT FOR DU AL DIAGNOSIS SUBSTANCE ABUSE AND MENTAL HEALTH THAT HAS ASSISTED IN FUNDING OF STAFF. (4) CONNIE MCQUISTON WITH CICS SHARED BREAKDOWN OF NEWTON SPECIFIC CRISIS RESPONSE CALLS FOR 2 020. TOTAL NUMBER OF CALLS FOR JASPER COUNTY - 106; NEWTON SPECIFICALLY - 87. OUT OF THOSE 87 CALLS IN NEWTON THEY HAD THE FOLLOWING NUMBER OF REFERRALS: 49 (SELF), 15 (FAMILY/FRIE NDS), 8 (LAW ENFORCEMENT). THE

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
PART V, SECTION B, LINE 11:	REMAINING NUMBER OF REFERRALS WERE A COMBINATION OF VARIOUS OTHER OPTIONS (SCHOOL, SHELTE R, HEALTH CARE PROVIDER, RESIDENTIAL). (5) CLEARVIEW RECOVERY IS OPENING THE PHOENIX HALFW AY HOUSE IN NEWTON 2/22/2021 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 2. (6) YOUR LIFE IOWA WEBSITE IS A WONDERFUL RESOURCE FOR IDENTIFYING MENTAL HEALTH/SUBSTANCE ABUSE RESOURCES BY COUNTY LOCATION. HOSPITAL COMMUNITY HEALTH WORKER AND CASE MANAGEMENT UTILIZE THIS FREQUE NTLY.ACTION/STRATEGY 2: BRING VIRTUAL REALITY TRAINING TO MERCYONE NEWTON MEDICAL CENTER O N "WHAT IS A MENTAL HEALTH CRISIS."HOSPITAL PROGRESS REPORT: 100% MET. COMPLETED JULY 2019 AT MERCYONE NEWTON MEDICAL CENTER. TWO SESSIONS HELD AT THE HOSPITAL.HOSPITAL PROGRESS RE PORT, JAN 2022: 100% MET. REFER TO PROGRESS REPORT 1.ACTION/STRATEGY 3: CONDUCT A PROMOTIO NAL/PR/MARKETING CAMPAIGN IDENTIFYING MENTAL HEALTH TREATMENT OPTIONS - 1 PER QUARTER.HOSP ITAL PROGRESS REPORT 3, DEC 2020: THIS GOAL CONTINUES TO BE 'PARTIALLY MET / IN PROGRESS.' WITHIN THE PAST 6 MONTHS THERE HAS BEEN (1) A LOT OF PROMOTIONAL MATERIAL REGARDING YOUR LIFE IOWA, BILLBOARD, TV ADS, ETC. ALSO, IN THE PROCESS OF MAKING YARD SIGNS FOR YOUR LIFE IOWA AT THE LAST JASPER COUNTY HEALTHCARE COALITION. (2) CICS ALSO PROMOTED WORLD MENTAL HEALTH DAY ON OCT 10; (3) TRAINING AT EVERLY BALL FOR HEALTHCARE WORKERS.HOSPITAL PROGRESS REPORT 4, DEC 2021: CONTINUES TO BE 'PARTIALLY MET/IN PROGRESS'. WITHIN THE PAST 6 MONTHS CICS HAS (1) BEEN WORKING WITH TRILIX MARKETING OUT OF DES MOINES TO CREATE PROMOTIONAL M ATERIAL (SHORT VIDEOS) REGARDING CICS AND MENTAL HEALTH SERVICES AVAILABLE IN OUR COMMUNIT IES INCLUDING MOBILE CRISIS RESPONSE. (2) CICS HAS RUN ADS IN LOCAL NEWS PUBLICATIONS AND ON THE RADIO, AS WELL AS, YARD SIGNS AND BANNERS DISTRIBUTED IN MEMBER COUNTIES. (3) COUNT Y BOARD OF SUPERVISORS PROCLAMATION: MAY 2021 AS MENTAL HEALTH MONTH TO INCREASE AWARENESS AND ABANDON NEGATIVE STIGMATISM; AND REINFORCE ACCEPTANCE OF INDIVIDUALS SEEKING TREATMEN T. (4) CICS TEAMED UP WITH MHDS REGIONS ACROSS THE STATE TO CREATE A NEW WEBSITE IOWAMHDSR EGIONS.ORG WHICH PROMOTES BRAIN HEALTH AND A ONE-STOP SHOP FOR INDIVIDUALS TO THEIR LOCAL MENTAL HEALTH REGION. (5) UTILIZING THE CARES FUNDS, CICS AWARDED GRANTS TO HELP PROMOTE T ELEHEALTH OPTIONS FOR INDIVIDUALS DURING THE COVID-19 PANDEMIC. ADDITIONALLY, PROVIDED DRO P IN CENTERS WITH TECHNOLOGY TO BE ABLE TO REACH MORE INDIVIDUALS THAT ARE UNABLE TO ATTEN D IN PERSON.ACTION/STRATEGY 4: EDUCATE 5 NEWTON CLINIC PHYSICIANS ON MENTAL HEALTH SERVICE S ON INTEGRATED CARE AND OPTIONS FOR TREATMENT AND FOLLOW UP BY 6/20/19. HOSPITAL PROGRESS REPORT: 100% MET IN APRIL 2020 DURING VIRTUAL MED STAFF MEETING. JODY EATON, CEO OF CICS, DISCUSSED ALL OF THE MENTAL HEALTH SERVICES IN JASPER COUNTY AND RESOURCES AVAILABLE. WIL L EXTEND DEADLINE BY 12 MONTHS TO FURTHER EDUCATE AND EXPLORE ADVANCEMENT ON INTEGRATIVE C ARE WITH NEWTON CLINIC.GOAL 2: INCREASE OPTIONS FOR AFTER-HOURS SERVICE FOR MENTAL HEALTH. ACTION/STRATEGY 1: INVESTIGATE

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
PART V, SECTION B, LINE 11:	23-HOUR OBSERVATION AND DEVELOP REFERRAL FORM FOR MENTAL HEALTH FOLLOW-UP CARE TO PLACE I N ED FOR PROVIDERS.HOSPITAL PROGRESS: 100% MET. INVESTIGATION COMPLETED DURING FY20 Q1. ME RCYONE NEWTON MEDICAL CENTER WOULD NOT QUALIFY BY DESIGNATION TO HAVE A 23-HOUR LICENSED O BSERVATION UNIT FOR MENTAL HEALTH. THE HOSPITAL IS NOT LICENSED TO PROVIDE MENTAL HEALTH I NPATIENT OR OBSERVATION PSYCHIATRIC CARE. WE WOULD HAVE TO APPLY FOR MENTAL HEALTH DESIGNA TION; HOWEVER, MERCYONE CENTRAL IOWA IS BUILDING A 100-BED MENTAL/BEHAVIORAL HEALTH FACILI TY TO OPEN IN 2020-21. MERCYONE NEWTON WILL BE WORKING CLOSELY WITH THEM TO ADDRESS COLLAB ORATING WITHIN OUR SYSTEM TO ADDRESS THIS NEED FOR JASPER COUNTY. ACTION/STRATEGY 2: EXPLO RE TELE-PSYCH SERVICES AND UNDERSTAND REIMBURSEMENT.HOSPITAL PROGRESS: NOT COMPLETED AT TH IS TIME.HOSPITAL PROGRESS REPORT 3, DEC 2020: CAPSTONE IS PRIMARILY DOING TELE-PSYCH DURIN G THE PANDEMIC; GOING WELL. THE HOSPITAL HAS STARTED A JUDICIAL-LAW ENFORCEMENT UPDATE MEE TING THAT IS BEING HELD BI-MONTHLY WITH EMPHASIS ON IMPROVING COORDINATION OF CARE AND TIM ELY, APPROPRIATE CARE FOR THOSE IN NEED OF CRITICAL MENTAL HEALTH SERVICES AND ARE OFTEN C OURT ORDERED TO THE HOSPITAL. ITP WAS ON MEETING TO SPEAK WITH GROUP ON 12/2/2020.HOSPITAL PROGRESS REPORT 4, DEC 2021: BEHAVIORAL HEALTH - JUDICIAL/LAW ENFORCEMENT MEETINGS STILL BEING HELD VIA ZOOM QUARTERLY. ITP REPRESENTATIVES ARE ACTIVE PARTICIPANTS IN MEETING AND WILL START PROVIDING STATISTICS ON INPATIENT PLACEMENTS.FINANCIAL ANALYSIS DONE IN JUNE ON SAMPLE OF BEHAVIORAL HEALTH PATIENTS AT HOSPITAL TO CAPTURE ACCURATE AVERAGE PERCENT OF P AYMENT BY PRIMARY INSURANCE - SEE PROGRESS REPORT 4 APPENDIX, PAGE 3.HOSPITAL PROGRESS REP ORT 5, JAN 2022: CONTINUES TO BE PARTIALLY MET; ANALYSIS FROM PREVIOUS PROGRESS REPORT SHO WED 18.7% REIMBURSEMENT.GOAL 3: INVESTIGATE SYNCHRONIZING MOBILE RESPONSE AFTER DISCHARGE FROM ED PARTICIPATIONACTION/STRATEGY 1: EDUCATE ED PHYSICIANS AND STAFF ON THE SERVICES OF MOBILE RESPONSE WITH APPROPRIATE EDUCATIONAL MATERIAL.HOSPITAL PROGRESS REPORT 3, DEC 202 0: GOAL MET. IN THE LAST 6 MONTHS BOTH JODY EATON, CICS CEO, AND NICOLE GUNN, EFR GRANT CO ORDINATOR, BOTH PRESENTED AT THE MERCYONE NEWTON MEDICAL STAFF MEETING SPEAKING AND EDUCAT ING PROVIDERS (INCLUDING ED PROVIDERS) ON CICS AND THE MOBILE RESPONSE UNIT IN CENTRAL IOW A, AND THE OPIOID PRESCRIPTION AND CDC PRESCRIBING GUIDELINES AND PMP WEBSITE AND TOOLS/RE SOURCES, RESPECTIVELY.(CONTINUED BELOW)

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
PART V, SECTION B, LINE 11 (CONTINUED):	AREA OF NEED #2:SUBSTANCE ABUSE (OPIOIDS / METH / MARIJUANA) THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASO N NOT ADDRESSED: (1) NOT PART OF HOSPITAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LE AD.GOAL 1: REDUCE OVER PRESCRIPTION AND UTILIZATION OF OPIOID MEDICATIONS.ACTION/STRATEGY 1: CONDUCT CLASSES TO EDUCATE EMERGENCY DEPARTMENT PHYSICIANS AND NEWTON CLINIC PHYSICIANS ON CDC GUIDELINES FOR OPIOID PRESCRIPTION AND SAMSA OPIOID OVERDOSE TOOLKIT.HOSPITAL PROG RESS REPORT 3, DEC 2020: NICOLE GUNN, EFR, WAS ABLE TO DO ONE CLASS UNDER COVID-19 RESTRIC TIONS (JULY 2020). IT WAS VIRTUAL FOR PHYSICIANS. NEED TO GET MORE CLASSES PLANNED THIS YE AR BUT SIGNIFICANT BARRIERS AND CHALLENGES TO GET ACCESS TO HEALTHCARE PROVIDERS DUE TO TH E COVID-19 PANDEMIC. DID DO A MAILING OVER THE SUMMER THAT TARGETED PHARMACISTS/PHARM TECH S/VETS/OPTOMETRICS/CLINICS WHICH INCLUDED THE CDC PRESCRIPTION GUIDELINES AND A FEEDBACK F ORM.HOSPITAL PROGRESS REPORT 4, DEC 2021: 100% MET. NIKKI TO SEND SURVEY RESULTS/FEEDBACK. 62 CONTACTS 28 SURVEYS BACK IN TOTAL. 61% INCREASED KNOWLEDGE IN CDC GUIDELINES. INCREASE D/MAINTAINED 95%.ACTION/STRATEGY 2: PROVIDE ED PROVIDERS ACCESS TO PMP AND DECREASING # OF PRESCRIPTIONS; EDUCATE NEW ED MANAGER ON TRACKING.HOSPITAL PROGRESS REPORT 3, DEC 2020: T HE LAW CHANGED AND PMP IS NOW REQUIRED; THUS, NOT PUSHED AS MUCH. MERCYONE NEWTON INFORMAT ICS TEAM WORKING ON PROMOTING INTEROPERABILITY PROJECT THAT CREATES POP-UP TO PMP WEBSITE FOR ED PHYSICIANS AND HOSPITALISTS; THIS PART OF THE PROJECT IS 100% MET. ACTION/STRATEGY 3: HOSPITAL WILL ORCHESTRATE MEETING AND DISCUSSION BETWEEN PAIN SPECIALIST AND LOCAL NEWT ON CLINIC PHYSICIANS, REGARDING ALTERNATE PAIN SERVICES AND/OR OPIOID EPIDEMIC.HOSPITAL PR OGRESS REPORT 3, DEC 2020: THE PAIN CLINIC CONTINUES TO AVERAGE APPROXIMATELY 150 VISITS P ER MONTH EVEN DURING THE PANDEMIC, WITH INCREASED UTILIZATION OF TELEHEALTH AT THAT TIME. WE ARE SEEING +17% FOR PAIN SERVICE PROCEDURES VERSUS LAST YEAR.HOSPITAL PROGRESS REPORT 4 , DEC 2021: FY21 (JULY2020-JUNE2021) PAIN SPECIALISTS OF IOWA (PSI) SAW A TOTAL OF 1,484 P ATIENTS AT ITS NEWTON LOCATION. PSI PERFORMED 548 PAIN PROCEDURES. THIS IS A 36% INCREASE IN OFFICE VISITS, AND 42% INCREASE IN PROCEDURES COMPARED TO FY20. KETAMINE CLINIC TREATME NTS AND REFERRALS CONTINUE TO STEADILY INCREASE. SINCE 1/1/21 WE HAVE PERFORMED 24 KETAMIN E INFUSIONS WITH 4 NEW PATIENT REFERRALS. INCREASED MARKETING ON KETAMINE CLINIC WILL CONT INUE.GOAL 2: PREVENTION AND EDUCATION TO COMMUNITIES AND SCHOOLS ON SUBSTANCE ABUSEACTION/ STRATEGY 1: HOLD LIFE SKILLS SESSIONS FOR 9TH/10TH GRADERS (10 SESSIONS OF LIFE SKILLS AND SUBSTANCE ABUSE EDUCATION, EVIDENCE-BASED).HOSPITAL PROGRESS REPORT 3, DEC 2020: LIFE SKI LLS CANCELED BACK IN MARCH, ON HOLD DUE TO PANDEMIC. HOPING TO RESUME IN THE SPRING 2021 A ND PLANS ARE LOOKING FAVORABLE. PLANS TO DO IT VIRTUALLY IF NEED TO BE. WILL BE COMPLETED DURING HEALTH CLASS.HOSPITAL 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
PART V, SECTION B, LINE 11 (CONTINUED):	ROGRESS REPORT 4, DEC 2021: 4TH GRADE IN NEWTON HAS "TOO GOOD FOR DRUGS" PROGRAM. LIFE SKI LLS THIS SPRING FOR 9TH AND 10TH GRADE. LOOKING TO OFFER TO MIDDLE SCHOOL AGED KIDS. 106 S TUDENTS IN HIGH SCHOOL, 81 SURVEYED, 88% INCREASE IN KNOWLEDGE AFTER EDUCATION.ACTION/STRA TEGY 2: CARRY OUT SPECIALIZED PRESENTATION(S) TO ALL SCHOOL DISTRICTS IN THE COUNTY.HOSPIT AL PROGRESS REPORT 3, DEC 2020: JULIE BRITTON, SCHOOL RESOURCE OFFICER, PRESENTED TO THE S CHOOLS REGARDING PREVENTION ABOUT DRUGS AND ALCOHOL DURING RED RIBBON WEEK. STICKERS, GAME S, ETC. WERE UTILIZED AND PROVIDED DURING THE EVENT. ADVERTISEMENTS FOR AN ALCOHOL-FREE NE W YEAR'S EVE CELEBRATION PROMOTED - SEE PROGRESS REPORT 3 APPENDIX, PAGE 7.HOSPITAL PROGRE SS REPORT 4, DEC 2021: SPRING FOCUS ON DRUNK DRIVING WITH HANDS ON EDUCATIONAL TOOLS; "DRU NK GOGGLES". WELL RECEIVED BY THE KIDS.ACTION/STRATEGY 3: IMPLEMENT AND CARRY OUT JASPER C OUNTY SAFE KIDS PROGRAM.HOSPITAL PROGRESS REPORT 3, DEC 2020: HAVE BEEN INSTALLING CAR SEA TS, APPROXIMATELY 20 IN THE PAST 6 MONTHS, DURING THE PANDEMIC.HOSPITAL PROGRESS REPORT 4, DEC 2021: LIMITED CAPACITY. KIDS HEALTH FAIR AT YMCA (60KIDS) CAR SEATS WITHIN THE COMMUN ITY. NEWTON LIBRARY HOSTS A STORYWALK IN NEWTON -SEE PROGRESS REPORT 4 APPENDIX, PAGE 10. SCHOOL LUNCH PROGRAM TO GIVEAWAY SACK LUNCHES THROUGHOUT THE SUMMER.GOAL 3: MERGE THE SUBS TANCE ABUSE COALITION GROUP INTO THE MENTAL HEALTH COALITION GROUP AND CONTINUE TO HOLD JO INT MONTHLY MEETINGS BY 6/30/20.HOSPITAL PROGRESS: THESE COALITIONS WERE MERGED TO FORM JA SPER COUNTY CARES COALITION IN JULY 2020. GOAL MET.AREA OF NEED #3:OBESITY (NUTRITION / EX ERCISE) PARTNERED WITH OTHER COMMUNITY GROUPS AS NEEDED.GOAL 1: ENCOURAGE EXERCISE PARTICI PATION IN COMMUNITY TO IMPROVE MENTAL HEALTH.ACTION/STRATEGY 1: IMPLEMENT (AND EDUCATE) FI NANCIAL ASSISTANCE PROGRAM TO CAPSTONE, OPTIMAE, PROGRESS INDUSTRIES CLIENTS TO HELP LOWER INCOME INDIVIDUALS HAVE ACCESS TO EXERCISE OPPORTUNITIES.HOSPITAL PROGRESS REPORT 3, DEC 2020: THE YMCS IS STILL DOING THIS PROGRAM, BUT SIGNIFICANT DECREASE IN UTILIZATION SINCE THE ONSET OF THE PANDEMIC REPORTED BY THE LOCAL YMCA.HOSPITAL PROGRESS REPORT 4, DEC 2021: NO ADDITIONAL UPDATES AT THIS TIME.ACTION/STRATEGY 2: PROMOTE AND PROVIDE HEALTHY FOOD AN D EXERCISE PREVENTION OPTIONS AND PROGRAMS (I.E. SUMMER FOOD PROGRAM, AFTERSCHOOL ACTIVITI ES, EDUCATION).HOSPITAL PROGRESS REPORT 3, DEC 2020: (1) SCHOOLS ARE OFFERING FREE BREAKFA ST/LUNCHES FOR SCHOOL AGE CHILDREN DURING THE PANDEMIC. GRAB AND GO MEALS EVEN WHEN OUT OF SESSION. (2) DURING THE DERECHO THE SALVATION ARMY OPENED A FOOD BANK FROM 10,000 DONATED MEALS FROM AMERIGROUP (FOOD SECTION); (3) HOSPITAL DONATED SOME TURKEYS TO SALVATION ARMY FROM TURKEY TOSS (FOOD INSECURITIES)HOSPITAL PROGRESS REPORT 4, DEC 2021: LIMITED CAPACIT Y. KIDS HEALTH FAIR AT YMCA (60KIDS). CAR SEATS WITHIN THE COMMUNITY. NEWTON LIBRARY HOSTS A STORYWALK IN NEWTON -SEE PROGRESS REPORT 4 APPENDIX, PAGE 10. SCHOOL LUNCH PROGRAM TO G IVEAWAY SACK LUNCHES THROUGHOU

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUED):	T THE SUMMER. NEWTON SCHOOL DISTRICT PARTNERING WITH YMCA FOR AFTER SCHOOL PROGRAM. ACTION /STRATEGY 3: INVESTIGATE DIABETES PREVENTION PROGRAM (DPP).HOSPITAL PROGRESS REPORT 3, DEC 2020: GOAL MET IN REGARD TO INVESTIGATED AND CONTINUE TO EVALUATE RESOURCES, BUT UNABLE T O MOVE FORWARD AT THIS TIME. STILL ON HOLD THROUGH THE PHE, COVID-19 PANDEMIC. REVIEW OF R ESOURCES AND FUNDING NEEDED TO COMPLETE THIS PROJECT HAS SHOWN TO BE LIKELY NOT FAVORABLE TOWARDS IMPLEMENTING THIS PROJECT. HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. NEWTON EXPRESS CARE CLINIC IN PARTNER WITH HYVEE HELD FREE HEALTH SCREENING DAY ON JUNE 26TH, 202 1 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 11.ACTION/STRATEGY 4: INVESTIGATE A LIVE WELL CEN TER.HOSPITAL PROGRESS 1 DEC 2019: NOT MET. THE BOARD OF SUPERVISORS HAVE PURCHASED A BUILD ING BUT MORE LIKELY FOR BUSINESS AND ADMINISTRATIVE SERVICES.HOSPITAL PROGRESS REPORT 3, D EC 2020: THERE ARE NO CHANGES AT THIS TIME; NEW BUILDING PURCHASED BUT NO REMODEL OR FURTH ER MOVEMENT OR DIRECTION ON WHAT ALL WILL BE LOCATED IN THE BUILDING. INITIAL PLANS ARE NO T FAVORABLE TOWARDS A LIVE WELL CENTER CONSIDERING THE ECONOMICS RESTRAINTS GIVEN DURING T HE PANDEMIC.HOSPITAL PROGRESS REPORT 4, DEC 2021: WANTING ALL SERVICES UNDER ONE LOCATION, POTENTIALLY 2023.GOAL 2: INCREASE HEALTHY FOOD SELECTION AND EXERCISE PREVENTION OPTIONS/ PROGRAMS TO INDIVIDUALS OF ALL AGES, BUT ESPECIALLY THE YOUTH.ACTION/STRATEGY 1: HOSPITAL WILL PARTICIPATE IN MEETINGS AROUND NEWTON COMMUNITY HEALTH PARTNERSHIP - QUARTERLY MEETIN GSHOSPITAL PROGRESS REPORT 3, DEC 2020: SEE PROGRESS REPORT 2 WITH COMMENTS FROM FRANK LEI BL: "IN ALL REALITY RECEIVING FUNDING FROM THE ROCKEFELLER FOUNDATION NOW SEEMS UNLIKELY B ECAUSE OF THE RESOURCES THEY ARE POURING IN TO HELP THOSE AFFECTED BY COVID-19, BUT NEVER SAY NEVER."HOSPITAL PROGRESS REPORT 4, DEC 2021: (1) MELISSA DOEHRMANN, DIRECTOR OF PATIEN T CARE SERVICES WITH MERCYONE NEWTON, ED MANAGER TAMI FAIRBANKS, AND COMMUNITY HEALTH WORK ER CHERYL GARRLES HAVE BEEN ATTENDING JCCC MEETINGS. (2) MERCYONE NEWTON MEDICAL CENTER CO NTINUES TO HOST THE NURSING HOME COMMUNITY COALITION MEETINGS LEAD BY CARE COORDINATION TE AM WITH LOCAL NURSING HOMES AND HOSPITAL REPRESENTATIVES.(CONTINUED BELOW)

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUED):	AREA OF NEED #4:PRIMARY CARE / VISITING SPECIALISTS (FP/IM, PEDS, NEU, NEP, GI/LIVER)GOAL 1: INCREASE PRIMARY CARE AVAILABILITY, AND ULTIMATELY ACCESS FOR NEW PATIENTS SEEKING TO E STABLISH CARE.ACTION/STRATEGY 1: MERCYONE NEWTON WILL COLLABORATE TO JOINTLY RECRUIT FAMIL Y PRACTICE/INTERNAL MEDICINE PHYSICIANS TO NEWTON (ALONG WITH NEWTON CLINIC).HOSPITAL PROG RESS REPORT 3, DEC 2020: 1) HIRED NICOLE FERGUSON, FP WITH NEWTON CLINIC. 2) CONTINUING WI TH JOINT RECRUITMENT EFFORTS WITH NEWTON CLINIC TO FIND MORE FP AND OB PHYSICIANS.HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. 1) HIRED DR. LUKE PERRIN, FP WITH NEWTON CLINIC; 2) CONTINUING JOINT RECRUITMENT EFFORTS WITH NEWTON CLINIC TO FIND MORE FP AND OB PHYSICIAN S. INTERVIEWS SCHEDULED WITH POTENTIAL CANDIDATES.ACTION/STRATEGY 2: MERCYONE NEWTON WILL DEVELOP AND OPEN AN OCCUPATIONAL MEDICINE CLINIC WITH BOARD CERTIFIED PHYSICIANS IN OCCUPA TIONAL HEALTH AND MEDICINE TO SERVE LOCAL EMPLOYERS/STAFF; WILL HOLD MONTHLY MEETINGS FOR PLANNING AND OPERATIONS MANAGEMENT.HOSPITAL PROGRESS REPORT 3, DEC 2020: 1) OPENED NOV 3RD , 2020, WITH JOANNE HARBERT, ARNP, AND SHE IS HERE TWO MORNINGS PER WEEK; THE CLINIC OPEN M-F 8A-4:30P; 2) EXPLORING TELEHEALTH OPTIONS TO EXPAND PROVIDER COVERAGE AND AVAILABILITI ES; 3) 43 DRUGS TESTS IN OCTOBER, WE HAVE AUDIOGRAMS AND RESPIRATOR FIT TESTS SCHEDULE IN DECEMBER 2020.HOSPITAL PROGRESS REPORT 4, DEC 2021: 1) OCCUPATIONAL HEALTH CLINIC SEEING 2 00 PROVIDER VISITS ; 700 DRUG SCREENS; 25 HEARING TESTS; 40 IMAGING; PROJECTED TO HAVE 1,4 00VISITS/YEAR. 2) THE 2020 COUNTY HEALTH RANKINGS & ROADMAPS DISCUSSED POPULATION, HEALTH OUTCOMES, HEALTH FACTORS, CLINICAL CARE, SOCIAL & ECONOMIC FACTORS, AND PHYSICIAN ENVIRONM ENT - SEE PROGRESS REPORT 4 APPENDIX, PAGE 24 TO SEE HOW JASPER COUNTY RATED ALONG WITH IO WA REPORT. 3) MERCYONE NEWTON IMPLEMENTED INPATIENT PULMONARY TELEHEALTH CONSULTS IN FEBRU ARY 2021. THE HOSPITAL CONTINUES TO EXPLORE TELEHEALTH OPTIONS TO EXPAND PROVIDER COVERAGE AND SPECIALTY AVAILABILITY.ACTION/STRATEGY 3: EXPAND FREQUENCY OF NEUROLOGY SPECIALTY COV ERAGE IN NEWTON; HOLD BIMONTHLY MEETINGS FOR PLANNING AND ADMINISTRATIVE FOLLOW UP AFTER I MPLEMENTED.HOSPITAL PROGRESS REPORT 3, DEC 2020: 1) DR ADELMAN FROM RUAN NEUROLOGY NOW COM ING TO NEWTON IN PLACE OF DR. HURD. HAS PERFORMED 16 EMGS OVER LAST TWO MONTHS.ACTION/STRA TEGY 4: EXPAND FREQUENCY OF PAIN SPECIALTY COVERAGE IN NEWTON BY ADDING APC PROVIDER; HOLD MONTHLY MEETINGS FOR PLANNING AND ADMINISTRATIVE FOLLOW UP AFTER IMPLEMENTED.HOSPITAL PRO GRESS, DEC 2019: 100% MET. (1) THE HOSPITAL HAS EXPANDED OPERATING ROOM BLOCK TIME FOR THE PAIN SPECIALIST PROVIDERS. (2) HIRED ARNP, REBEKAH ROGERS, AND SHE IS COMING MONDAY AND W EDNESDAY WEEKLY AND THE PAIN SPECIALIST OF IOWA GROUP HAVE THEREBY INCREASED OFFICE VISITS FROM 75/MONTH TO 200/MONTH AS OF FY20 Q2.HOSPITAL PROGRESS, DEC 2020: GOAL MET. REFER TO PROGRESS REPORT 1. FURTHER EXPLORATION ON EXPANDING MORE, I.E. BRINGING NP ON FRIDAYS IF C ONTINUED GROWTH IN VOLUMES FOR

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUED):	THE PAIN CLINIC. ACTION/STRATEGY 5: INVEST IN HOSPITALIST PROGRAM STAFFING MATRIX AT THE HOSPITAL TO HELP CREATE DOWNSTREAM AVAILABILITY OF LOCAL FAMILY PRACTICE/INTERNAL MED CLIN ICS TO IMPROVE ACCESS TO FP/IM (I.E. REDUCES FP/IM PHYSICIAN ROUNDING COMMITMENTS AND COVE RAGE TO INPATIENTS WHICH PROVIDES GREATER CLINIC AVAILABILITY FOR APPOINTMENTS AND ALSO IM PROVES RECRUITMENT POTENTIAL OF NEW PHYSICIANS HAVING LESS ON-CALL); HOLD MONTHLY MEETINGS FOR PLANNING AND OPERATIONS.HOSPITAL PROGRESS REPORT 3, DEC 2020: CURRENTLY TWO ADDITIONA L NPS HAVE BEEN ADDED TO HELP WITH INCREASED CENSUS, THEY ARE PRN. WORKING WITH MERCYONE D SM HOSPITALIST GROUP TO GET A BACK UP SCHEDULE TO HAVE A SCHEDULED BACKUP EVERYDAY TO BE S URE THERE IS ADEQUATE BACKUP; ALSO LOOKING AT OPPORTUNITIES WITH CHI ALEGENT HEALTH FOR BA CKUP COVERAGE. GOAL IS TO NOT USE NEWTON CLINIC SO THEY CAN FOCUS ON PATIENT ACCESS FOR FP /IM.HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. REFER TO PREVIOUS PROGRESS REPORTS. WE CONTINUE TO EXPLORE BACK UP HOSPITALISTS COVERAGE DURING THE DAY IF DES MOINES IS UNABLE TO ASSIST WITH PRN HOSPITALISTS. WORKING WITH CHI ALEGENT HEALTH IN ESTABLISHING AMENDMENT TO CURRENT CONTRACT TO ALLOW FOR DAYTIME COVERAGE.GOAL 2: INCREASE SPECIALTY SERVICE OPTI ONS AND FREQUENCY OF VISITING PROVIDERS.ACTION/STRATEGY: INVESTIGATE ADDING PALLIATIVE CAR E PROVIDERS TO THE SPECIALTY CLINIC; HOLD QUARTERLY MEETINGS FOR PLANNING AND IMPLEMENTATI ON.HOSPITAL PROGRESS REPORT 3, DEC 2020: PALLIATIVE CARE WENT LIVE JULY 10TH; DR. GOLDMAN. COMES 1X/MONTH. DR. GOLDMAN IS VERY THOROUGH AND SPENDS OVER 1 HR WITH EACH PATIENT AND P OSITIVE FEEDBACK FROM THEM; FEEDBACK IS GIVEN TO THE HOSPITALIST. 11 REFERRALS SEEN AS OF MID-OCTOBER 2020.HOSPITAL PROGRESS REPORT 4, DEC 2021: DR. GOLDMAN CONTINUES TO COME 1X/MO NTH FOR INPATIENT OR OUTPATIENT CONSULTS. SINCE JANUARY 2021-JUNE 2021 HE HAS CONSULTED WI TH 19 PATIENTS.AREA OF NEED #5:DOMESTIC VIOLENCE / SEXUAL ASSAULT THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON HOSPITAL DID NOT ADDRESS: (1) NOT PART OF MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.GOAL 1: INCREASE AWARENESS OF RESOURCES FOR HELP.ACTIO N/STRATEGY 1: PROMOTE AWARENESS OF DOMESTIC ABUSE/SEXUAL ASSAULT HOTLINE TELEPHONE NUMBER. HOSPITAL PROGRESS REPORT 3, DEC 2020: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF M EMBER IS. STOPDVA.ORG AND MOBILE APP PROMOTION.HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UP DATE. LAST CONTACT WITH CIS WAS KATIE BLANCHARD, HOWEVER, HER LAST DAY WAS IN DECEMBER. NE ED TO FIND APPROPRIATE CONTACT FOR CIS.ACTION/STRATEGY 2: PROVIDE DOMESTIC ABUSE/SEXUAL AS SAULT PROMOTION AND RESOURCE MATERIALS IN WAITING ROOMS.HOSPITAL PROGRESS REPORT 3, DEC 20 20: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF MEMBER IS. STOPDVA.ORG AND MOBILE A PP PROMOTION.HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UPDATE. LAST CONTACT WITH CIS WAS KA TIE BLANCHARD, HOWEVER, HER LA

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUED):	ST DAY WAS IN DECEMBER. NEED TO FIND APPROPRIATE CONTACT FOR CIS.ACTION/STRATEGY 3: MERCYO NE NEWTON WILL CREATE A DESIGNATED OFFICE SPACE FOR VISITING CIS LEADER TO INCREASE PRESEN CE IN JASPER COUNTY (TO HELP WORK WITH ED SERT TEAM)HOSPITAL PROGRESS REPORT 3, DEC 2020: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF MEMBER IS. STOPDVA.ORG AND MOBILE APP P ROMOTION.HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UPDATE. LAST CONTACT WITH CIS WAS KATIE BLANCHARD, HOWEVER, HER LAST DAY WAS IN DECEMBER. NEED TO FIND APPROPRIATE CONTACT FOR CIS .(CONTINUED BELOW)

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PART V, SECTION B, LINE 11 (CONTINUED):	AREA OF NEED #6:HEALTHCARE TRANSPORTATION THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON HOSPITAL DID NOT ADDRESS: (1) NOT PART OF MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.GOAL 1: INCREASE AWARENESS OF RESOURCES FOR HELP.ACTION/STRATEGY 1: EVALUATE A VAILABLE HEALTHCARE TRANSPORTATION SERVICES.HOSPITAL PROGRESS REPORT 3, DEC 2020: THIS IS GOING TO BE ON THE COMMUNITY HEALTH WORKER PRIORITY LIST FOR TRANSPORTATION. MERCYONE NEWT ON HAS RECEIVED A GRANT FOR 3 YEARS FOR A COMMUNITY HEALTH WORKER - NEWTON, KNOXVILLE AND DALLAS COUNTY. HER NAME IS CHERYL GERRELS AND SHE JUST STARTED 6 WEEKS AGO. SHE WAS A CHW IN CENTERVILLE, IA. SHE IS POSITIONED IN THE ED, HOWEVER THEY ARE TYPICALLY PLACED IN A CL INIC SETTING SO NEWTON IS USING AN INNOVATIVE APPROACH TO POSITION ONE IN THEIR ED. THIS I S A PILOT WITH THIS PERSON IN THE ED DEPARTMENT. SHE IS STARTING TO SCREEN ED PATIENTS M-F , 8-4:30 FOR SOCIAL DETERMINANTS (MEDICATION, TRAVEL, PRIMARY CARE PROVIDER, FOOD, ETC.); STARTED SCREENING ON 11/17. SO FAR, HAS IDENTIFIED 7 INDIVIDUALS WHO NEED RESOURCES SHE CO ULD HELP THEM WITH. GOAL IS FOR CHW TO SCREEN EVERY PATIENT THAT COMES TO THE ED.HOSPITAL PROGRESS REPORT 4, DEC 2021: 1) SURVEY SENT OUT IN MAY TO CONTINUE WITH EFFORTS TO POSITIV ELY IMPACT PUBLIC TRANSPORTATION IN OUR AREA. INFORMATION IS CRITICAL TO PROVIDE FEEDBACK TO ASSIST WITH NEXT STEPS PLANNING PHASE - SEE PROGRESS REPORT 4 APPENDIX, PAGE 29. 2) HIR TA PROVIDED VIRTUAL LUNCH AND LEARN ON "DO YOU HAVE TRANSPORTATION" MAY 26TH, 2021. OVERAL L GOAL IS FOR PEOPLE TO HAVE THE FORETHOUGHT OF IF THEY HAVE TRANSPORTATION. AVERAGE NO-SH OW RATE FOR THE UNITED STATES HEALTHCARE INDUSTRY IS 18.8%, $150B IS HOW MUCH THE U.S. HEA LTHCARE INDUSTRY IS LOSING PER YEAR ON MISSED APPOINTMENTS. CONTINUING TO PROVIDE EDUCATIO N ON TRANSPORTATION OPPORTUNITIES IS CRUCIAL - SEE PROGRESS 4 REPORT APPENDIX, PAGE 32. 3) COMMUNITY HEALTH WORKER, CHERYL GARRELS, CONTINUES TO SCREEN EVERY ELIGIBLE PATIENT WHO I S ADMITTED TO THE EMERGENCY DEPARTMENT. TO DATE, CHERLY HAS SCREENED A TOTAL OF 1,905 PATI ENTS FOR SOCIAL DETERMINANTS OF HEALTH. 1166 SOCIAL NEEDS WERE IDENTIFIED AND FROM THAT, 1 3% WERE RELATED TO LACK OF TRANSPORTATION. CHERYL CONTINUES TO CONNECT PATIENTS WITH TRANS PORTATION WHEN AVAILABLE, HOWEVER, HAS IDENTIFIED THERE IS STILL A NEED FOR ADDITIONAL SER VICES IN THE COMMUNITY.ACTION/STRATEGY 2: BUDGET FOR CAB VOUCHER PROGRAM FROM ED DEPARTMEN T.HOSPITAL PROGRESS: MET. CAB VOUCHER PROGRAM THROUGH ED CONTINUES TO BE IMPLEMENTED. ALSO , CICS HAS HELPED WITH VOLUNTARY TRANSPORTATION FROM ED TO OTHER INPATIENT UNITS, CRISIS S TABILIZATION, SUBACUTE.HOSPITAL PROGRESS REPORT 5, JAN 2022: MET 100% MERCYONE NEWTON PAID HOMETOWN CAB $835.00 LAST YEAR FOR VOUCHERS. APPROVAL FROM THE HOUSE SUPERVISOR IS NEEDED TO HAND OUT TO PATIENTS.ACTION/STRATEGY 3: UTILIZE VOLUNTEER SERVICES TO OFFER HEALTHCARE TRANSPORTATION PROGRAMHOSPITA

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PART V, SECTION B, LINE 11 (CONTINUED):	L PROGRESS: PROGRAM RSVP IS CURRENTLY STILL BEING UTILIZED. MERCYONE NEWTON MEDICAL CENTER DOES COLLABORATE AND DONATES TO THIS PROGRAM ANNUALLY.AREA OF NEED #7:CHILD CARE SERVICES THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WIT H OTHERS AS APPROPRIATE. REASON NOT ADDRESSED: (1) NOT PART OF HOSPITAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.GOAL 1: EXPLORE AVAILABLE RESOU RCES AND CHILD CARE SERVICE NEEDS.ACTION/STRATEGY 1: COLLABORATE WITH CHILD CARE RESOURCE AND REFERRAL (JASPER COUNTY) MONTHLY AT PROVIDER MEETING TO EVALUATE AVAILABLE RESOURCES.H OSPITAL PROGRESS REPORT 3, DEC 2020: OFFERING TRAINING AND ADVERTISING SERVICES ON FACEBOO K. CHILDCARE HAS CONTINUED TO BE A STRUGGLE IN THE COMMUNITY AND KEEPING CENTERS OPEN DURI NG COVID-19 PANDEMIC FOR ESSENTIAL WORKERS. THE LOCAL YMCA OFFERED PARTNERSHIP WITH MERCYO NE NEWTON ESSENTIAL EMPLOYEES TO HELP PROVIDE CHILDCARE SERVICES DURING THE COVID-19 PANDE MIC.HOSPITAL PROGRESS REPORT 4, DEC 2021: GOVERNOR REYNOLDS ANNOUNCED ADDITIONAL SUPPORT F OR CHILD CARE PROVIDERS ACROSS THE STATE OF IOWA. THE GOVERNOR'S CHILD CARE TASK FORCE CON TINUES TO REVIEW AND DEVELOP POLICY RECOMMENDATIONS IN ADVANCE OF THE 2022 LEGISLATIVE SES SION - SEE PROGRESS REPORT 4 APPENDIX, PAGE 34. MID-IOWA COMMUNITY ACTION (MICA) SENT OUT THEIR JUNE 2021 BOARD OF HEALTH NEWSLETTER. NEWSLETTER INCLUDED ADDITIONAL RESOURCES AND P ROGRAM UPDATES ON: CHILD CARE NURSE CONSULTANT PROGRAM, CHILD HEALTH, 1ST FIVE, MATERNAL H EALTH, AND PICK A BETTER SNACK -SEE PROGRESS REPORT 4 APPENDIX, PAGE 38.ACTION/STRATEGY 2: ESTABLISH A LIST OF CHILD CARE PROVIDERS AND THEIR HOURS OF OPERATIONS.HOSPITAL PROGRESS: GOAL MET. A GLOBAL LIST OF CHILD CARE SERVICE HIGHLIGHTS PROVIDED BY CCR&R.AREA OF NEED # 8:SENIOR LIVING / CARE THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERAT IONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON NOT ADDRESSED: (1) NOT PART OF HOSPI TAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.GOAL 1: B RING AWARENESS TO AFFORDABLE HOUSING NEED FOR SENIORS IN COMMUNITY.ACTION/STRATEGY 2: EXPL ORE AFFORDABLE HOUSING OPTIONS FOR SENIORS AND DISCUSS AT MONTHLY MEETINGS (NEWTON COMMUNI TY HEALTH COALITION MEETINGS).HOSPITAL PROGRESS REPORT 3, DEC 2020: LTC HAS BEEN CHALLENGI NG WITH THE COVID-19 PANDEMIC. JUST IN GENERAL, GETTING PEOPLE TO LEAVE THEIR HOMES TO GO TO ASSISTED LIVING PLACES HAS BEEN VERY CHALLENGING DUE TO FEAR OF COVID-19. HOSPITAL HAS ALSO NOTICED INDIVIDUALS ARE REFUSING TO GO TO A FACILITY FOR DISCHARGE PLACEMENT BECAUSE OF RELUCTANCE AND FEAR OF THE PANDEMIC; THEY ARE FEARFUL OF CONTRACTING COVID-19. THE HOSP ITAL MODIFIED THE NURSING HOME MEETINGS TO INVOLVE THE ADMINISTRATORS AND DONS (ATTENDANCE WAS NOT WELL ATTENDED AT THE ORIGINAL NURSING HOME COALITION MEETINGS). THE MEETINGS WITH NURSING HOMES IN THE COMMUNITY CONTINUES TO EVOLVE WITH GOALS OF IMPROVEMENT IN COLLABORA TION AND COMMUNICATION.HOSPITA

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
PART V, SECTION B, LINE 11 (CONTINUED):	L PROGRESS REPORT 4, DEC 2021: CONTINUE TO SEE CHALLENGES ASSOCIATED WITH LTC PLACEMENT DU E TO LACK OF BED AVAILABILITY AND RELUCTANCY FROM PATIENT AND FAMILIES DUE TO THE COVID-19 PANDEMIC. WHAT HAS ASSISTED THE HOSPITAL WITH PLACEMENT IS THE COVID CMS WAIVERS IN PLACE , SPECIFICALLY RELATING TO THE 3 DAY WAIVER THAT THE PATIENT DOES NOT HAVE TO HAVE THREE O VERNIGHT STAYS IN THE HOSPITAL TO QUALIFY FOR SKILLED LEVEL OF CARE. THIS HAS ASSISTED US WITH PLACEMENTS OUT OF OUR EMERGENCY DEPARTMENT ALONG WITH INPATIENT BED FLOW AS WELL. WE CONTINUE TO MEET QUARTERLY WITH OUR NURSING HOME AND COMMUNITY COALITION MEETINGS.THE CHRI STIAN REFORM CENTER WAS OPENED FOR THOSE WITHOUT HOUSING DURING THE DERECHO IN AUG 2020.TH ERE HAVE BEEN A FEW BUILDERS/DEVELOPERS LOOKING TO CREATE HOUSING FOR SENIORS AND LOW TO M ODERATE INCOME FAMILIES. (1) LABORERS IS WORKING ON A PROJECT FOR LOW TO MODERATE INCOME T HAT WILL LIKELY GET STARTED IN 2021 THAT WILL CREATE 42 UNITS ON A LARGE LOTS IN THE CENTE R OF TOWN. (2) FRONT PORCH DEVELOPMENT IS ALSO LOOKING AT CREATING SENIOR OR LOW TO MODERA TE INCOME HOUSING IN THE FORMER COUNTY ANNEX BUILDING DOWNTOWN. THEIR PLANS CALL FOR 25 UN ITS. (3) ABOUT A YEAR AGO THE MCCANN VILLAGE (HUD, LOW INCOME SENIOR HOUSING) WAS PURCHASE D BY A COMPANY OUT EAST WHO IMMEDIATELY STARTED A FULL RENOVATION OF THESE 80 UNITS. THIS PROJECT IS 80% COMPLETE. DURING THE REMODEL THEY HAVE BEEN ABLE TO KEEP NEARLY ALL THE 80 UNITS OCCUPIED. (4) THERE ALSO HAS BEEN A COUPLE OF DEVELOPERS LOOKING TO BUILD "AFFORDABL E" HOUSING IN NEWTON - $175,000 - $190,000 THREE BEDROOM HOMES).GOAL 2: PROVIDE QUALITY SE NIOR HEALTH CARE CLOSER TO HOME FOR SNF/SKILLED SERVICES.ACTION/STRATEGY 1: INCREASE SWING BED/SNF BED UTILIZATION AT LOCAL HOSPITAL (AND NURSING HOMES) BY STRENGTHENING RELATIONSH IP AND ALIGNMENT WITH MERCYONE CONNECT; GOAL >36.HOSPITAL PROGRESS REPORT 3, DEC 2020: IN FY20, MERCYONE NEWTON MEDICAL CENTER FINISHED WITH 48 SKILLED PATIENTS. IN FY21 YTD, WE HA VE HAD 21 SKILLED PATIENTS, ANNUALIZED ESTIMATE 50 TOTAL.HOSPITAL PROGRESS REPORT 4, DEC 2 021: IN FY21, WE HAD 34 SKILLED PATIENTS. WE CONTINUE TO WORK CLOSELY WITH DES MOINES TO I NCREASE OUR SWING BED NUMBERS ALONG WITH ACCEPTING RURAL FACILITY TRANSFERS DURING THE PAN DEMIC.

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
PART V, SECTION B, LINE 16A	HTTPS://WWW.MERCYONE.ORG/DESMOINES/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
PART V, SECTION B, LINE 16B	HTTPS://WWW.MERCYONE.ORG/DESMOINES/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
PART V, SECTION B, LINE 16C	HTTPS://WWW.MERCYONE.ORG/DESMOINES/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL WEGNER FORMER DIRECTOR / MARKET SVP COO	(i)	0	0	0	0	0	0	0
	(ii)	777,755	212,860	23,032	16,975	20,281	1,050,903	0
2 KARL KEELER PRESIDENT CHI IOWA CORP	(i)	0	0	0	0	0	0	0
	(ii)	571,658	122,644	20,654	16,659	26,895	758,510	0
3 RANDALL RUBIN SVP, CFO CHI IOWA CORP	(i)	0	0	0	0	0	0	0
	(ii)	462,379	0	23,032	17,092	24,003	526,506	0
4 LAURIE CONNER PRESIDENT	(i)	264,593	0	18,389	15,713	1,320	300,015	0
	(ii)	0	0	0	0	0	0	0
5 SUSAN PAIR CRNA	(i)	165,054	600	2,472	0	23,829	191,955	0
	(ii)	58,453	0	204	13,875	2,753	75,285	0
6 MEGAN DEPOORTER CRNA	(i)	150,563	600	10,223	0	25,374	186,760	0
	(ii)	48,682	0	2,978	12,686	2,934	67,280	0
7 DIXIE BAKKEN CRNA	(i)	151,886	0	11,243	0	27,479	190,608	0
	(ii)	50,904	600	177	7,563	3,449	62,693	0
8 COLLEEN JACOBSEN MANAGER PHARMACY	(i)	144,837	600	4,634	8,702	9,896	168,669	0
	(ii)	0	0	0	0	0	0	0
9 RANINA ROBINSON PHARMACY MANAGER	(i)	152,377	1,500	452	3,341	5,659	163,329	0
	(ii)	0	0	0	0	0	0	0

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 4	LINE 4A FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY THE COMMONSPIRIT HEALTH EXECUTIVE SEVERANCE POLICY. THIS POLICY PROVIDES FOR SEVERANCE PAY WHICH VARIES BASED UPON THE EXECUTIVE'S POSITION LEVEL, IN THE EVENT OF A POSITION ELIMINATION OR OTHER QUALIFYING EVENT, IN ACCORDANCE WITH THE GUIDELINES OF THE EXECUTIVE SEVERANCE POLICY. AN EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT SHALL CONTROL WHERE THE SEVERANCE PAY AMOUNTS IN THE POLICY CONFLICT WITH THE EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT. IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT OF CLAIMS. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

Additional Data

Software ID:
Software Version:
EIN: 42-1470935
Name: MERCY MEDICAL CENTER - NEWTON

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				
1MICHAEL WEGNER FORMER DIRECTOR / MARKET SVP COO	(i)	0	0	0	0	0	0	0
	(ii)	777,755	212,860	23,032	16,975	20,281	1,050,903	0
1KARL KEELER PRESIDENT CHI IOWA CORP	(i)	0	0	0	0	0	0	0
	(ii)	571,658	122,644	20,654	16,659	26,895	758,510	0
2RANDALL RUBIN SVP, CFO CHI IOWA CORP	(i)	0	0	0	0	0	0	0
	(ii)	462,379	0	23,032	17,092	24,003	526,506	0
3LAURIE CONNER PRESIDENT	(i)	264,593	0	18,389	15,713	1,320	300,015	0
	(ii)	0	0	0	0	0	0	0
4SUSAN PAIR CRNA	(i)	165,054	600	2,472	0	23,829	191,955	0
	(ii)	58,453	0	204	13,875	2,753	75,285	0
5MEGAN DEPOORTER CRNA	(i)	150,563	600	10,223	0	25,374	186,760	0
	(ii)	48,682	0	2,978	12,686	2,934	67,280	0
6DIXIE BAKKEN CRNA	(i)	151,886	0	11,243	0	27,479	190,608	0
	(ii)	50,904	600	177	7,563	3,449	62,693	0
7COLLEEN JACOBSEN MANAGER PHARMACY	(i)	144,837	600	4,634	8,702	9,896	168,669	0
	(ii)	0	0	0	0	0	0	0
8RANINA ROBINSON PHARMACY MANAGER	(i)	152,377	1,500	452	3,341	5,659	163,329	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PURSUANT TO SECTION 8.6 OF THE BYLAWS OF MERCY MEDICAL CENTER - NEWTON, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND TWO VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION. PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION. FURTHER, PURSUANT TO SECTION 8.6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES - IOWA CORP. D/B/A MERCY MEDICAL CENTER - DES MOINES, AN IOWA NONPROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES - IOWA, CORP D/B/A MERCY MEDICAL CENTER - DES MOINES, AN IOWA NONPROFIT CORPORATION. PURSUANT TO THE ORGANIZATION'S BYLAWS, BOTH CATHOLIC HEALTH INITIATIVES - IOWA, CORP AND COMMONSPIRIT HEALTH (CATHOLIC HEALTH INITIATIVES - IOWA, CORP'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE COMMONSPIRIT HEALTH GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE CATHOLIC HEALTH INITIATIVES - IOWA, CORP BOARD: * APPROVE MEMBERS OF THE MERCY MEDICAL CENTER - NEWTON BOARD * AMENDMENT OF THE CORPORATE DOCUMENTS OF THE MERCY MEDICAL CENTER - NEWTON * APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE MERCY MEDICAL CENTER - NEWTON * ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE MERCY MEDICAL CENTER - NEWTON THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER: * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE MERCY MEDICAL CENTER - NEWTON * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE MERCY MEDICAL CENTER - NEWTON * APPROVAL OF ISSUANCE OF DEBT BY MERCY MEDICAL CENTER - NEWTON * APPROVAL OF PARTICIPATION OF MERCY MEDICAL CENTER - NEWTON IN A JOINT VENTURE * APPROVAL OF FORMATION OF A NEW CORPORATION BY MERCY MEDICAL CENTER - NEWTON * APPROVAL OF A MERGER INVOLVING THE MERCY MEDICAL CENTER - NEWTON * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE MERCY MEDICAL CENTER - NEWTON * TO REQUIRE THE TRANSFER OF ASSETS BY THE MERCY MEDICAL CENTER - NEWTON TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS. PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, CATHOLIC HEALTH INITIATIVES - IOWA, CORP OR COMMONSPIRIT HEALTH MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE." (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ONCE THE RETURN IS PREPARED, THE CFO REVIEWS THE RETURN AND ANY NECESSARY REVISIONS ARE INCLUDED IN THE FINAL VERSION WHICH IS APPROVED FOR FILING WITH THE IRS. SUBSEQUENT TO REVIEW BY THE CHIEF FINANCIAL OFFICER, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. SUBSEQUENT TO E-FILING, THE FINAL E-FILED FORM 990 IS PRESENTED TO THE BOARD AT A REGULARLY SCHEDULED BOARD MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO PRO TECT THE INTERESTS OF COMMONSPIRIT HEALTH ("COMMONSPIRIT") IN CIRCUMSTANCES THAT MAY RESUL T IN A CONFLICT BETWEEN PERSONAL INTERESTS OF A PERSON AND THE INTERESTS OF THE ORGANIZATI ON AND THOSE IT SERVES. THE POLICY WAS LAST UPDATED DURING THE TAX YEAR ENDED 6/30/2021. C OMMONSPIRIT'S COI POLICY APPLIES TO COMMONSPIRIT, ITS DIRECT AFFILIATES AND SUBSIDIARIES A ND ANY RELATED ENTITY THE GOVERNING DOCUMENTS OF WHICH REQUIRE THE ENTITY TO COMPLY WITH C OMMONSPIRIT POLICY (COLLECTIVELY THE "SYSTEM ENTITIES"). THE FOLLOWING PERSONS ARE REQUIRE D TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY (VIA A FORMAL SY STEM-ADMINISTERED SURVEY) IF THE PERSON'S AFFILIATION WITH COMMONSPIRIT CONTINUES: * MEMBE RS OF CORPORATE AND COMMUNITY BOARDS OF SYSTEM ENTITIES * MEMBERS OF COMMITTEES OF CORPORA TE AND COMMUNITY BOARDS OF SYSTEM ENTITIES * MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM ("EL T") OF COMMONSPIRIT * CORPORATE OFFICERS OF SYSTEM ENTITIES * EMPLOYEES OF SYSTEM ENTITIES AT THE VICE PRESIDENT LEVEL AND ABOVE * ALL INDIVIDUALS ENGAGED IN RESEARCH AT INSTITUTIO NS OWNED OR OPERATED BY A SYSTEM ENTITY. * SELECT EMPLOYEES AS DETERMINED FROM TIME TO TIM E BY LEADERSHIP (WHICH INCLUDES KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES AS SPECIFI ED BY THE INTERNAL REVENUE SERVICE FOR FORM 990 PURPOSES WHO ARE NOT OTHERWISE INCLUDED IN THE CATEGORIES ABOVE). DISCLOSURE, REVIEW, AND MANAGEMENT OF PERCEIVED, POTENTIAL, OR ACT UAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS . EACH PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE ANY SITUATION OR CIRCUMSTANCE THA T MAY CREATE A CONFLICT OF INTEREST AS SOON AS SHE/HE BECOMES AWARE OF IT. IN ADDITION, AT THE INCEPTION OF AN INDIVIDUAL'S RELATIONSHIP WITH COMMONSPIRIT (E.G. HIRING, BOARD APPOI NTMENT), AND FOR CERTAIN POSITIONS, ANNUALLY THEREAFTER, WRITTEN CONFLICT OF INTEREST DISC LOSURE FORMS MUST BE COMPLETED. A FAILURE TO DISCLOSE MAY RESULT IN DISCIPLINARY OR CORREC TIVE ACTIONS. REPORTED POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE INITIALLY REVIEWED BY LEGAL, CORPORATE RESPONSIBILITY OR RESEARCH INTEGRITY STAFF. IF NECESSARY, A CONFLICT OF INTEREST MANAGEMENT PLAN IS DEVELOPED, WHICH PLAN SHALL BE SUBJECT TO ACCEPTANCE BY THE AP PROPRIATE DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE (FOR BOARD, BOARD COMMITTEE, ELT OR CORPORATE OFFICER CONFLICTS), OR OTHER APPROPRIATE INDIVIDU AL OR BODY. ONCE ACCEPTED, THE CONFLICT OF INTEREST MANAGEMENT PLAN IS COMMUNICATED TO THE PERSON WITH THE ACTUAL OR POTENTIAL CONFLICT AND THE INDIVIDUAL MUST CONDUCT THEMSELVES I N CONFORMITY WITH THE PLAN. IN THE EVENT THAT A TRANSACTIONAL CONFLICT INTEREST ARISES IN CONNECTION WITH A SYSTEM ENTITY BOARD MEETING, THE CONFLICTED INDIVIDUAL MUST DISCLOSE THA T CONFLICT PRIOR TO OR AT THE BEGINNING OF THE MEETING IN WHICH THE MATTER IS TO BE CONSID ERED. THE CONFLICTED INDIVIDUA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	L IS EXCLUDED FROM VOTING ON THE TRANSACTION AND IS PROHIBITED FROM USING PERSONAL INFLUEN CE WITH RESPECT TO THE MATTER, BUT IS NOT PROHIBITED FROM PROVIDING INPUT IF REQUESTED TO DO SO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION USES A THIRD-PARTY CONSULTANT TO SURVEY COMPENSATION TRENDS ANNUALLY AND TO RECOMMEND COMPENSATION RANGES FOR THE CEO. THESE RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR FINAL DETERMINATION AND APPROVAL. THE SALARIES ARE COMPARED TO INDUSTRY STANDARDS AND GUIDELINES FOR APPROPRIATENESS. THIS PROCESS WAS LAST UNDERTAKEN IN JUNE 2020 FOR CALENDAR 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.COMMONSPIRIT.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	MERCY MEDICAL CENTER - NEWTON HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER COMMONSPIRIT HEALTH'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION; (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS; (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION; AND (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS. ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES: PROGRAM SERVICE EXPENSES 1,939,485. MANAGEMENT AND GENERAL EXPENSES 102,078. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,041,563. CONSULTING: PROGRAM SERVICE EXPENSES 3,272. MANAGEMENT AND GENERAL EXPENSES 172. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,444. CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 1,558,514. MANAGEMENT AND GENERAL EXPENSES 173,168. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,731,682. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 3,263,906. MANAGEMENT AND GENERAL EXPENSES 171,785. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,435,691. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 2,491,173. MANAGEMENT AND GENERAL EXPENSES 131,114. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,622,287.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REALLOCATION OF THE CARES ACT FUNDS 1,913,168.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 8	PRIOR PERIOD ADJUSTMENT: CENTRALIZED TRANSACTIONS: TRANSFERS FOR JOURNAL ENTRIES RECORDED CENTRALLY AT COMMONSPIRIT TO STANDARDIZE CONTRACTUAL ALLOWANCE METHODOLOGY ACROSS ALL COMMONSPIRIT AFFILIATES AND SUBSIDIARIES. RECORDED CENTRALLY AT YEAR END AND TRANSFERRED TO FACILITIES IN THE FOLLOWING YEAR.

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - NEWTON

Employer identification number
42-1470935

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

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

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) 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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1470935
Name: MERCY MEDICAL CENTER - NEWTON

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
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(C)(3)	LINE 3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	LINE 10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 10	SFH		No
345 S HALCYON RD ARROYO GRANDE, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
420 34TH STREET BAKERSFIELD, CA 93301 95-1802779	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
350 WEST THOMAS ROAD PHOENIX, AZ 85013 86-0174371	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	BSLHV		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	INACTIVE	PA	501(C)(3)	LINE 12A, I	CSH		No
1 WEST WAY CT LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	TCHB		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(C)(3)	LINE 3	TCHB		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	REHABILITATION	TX	501(C)(3)	LINE 10	SJSC		No
1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		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
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0405257	HOSPITAL	CO	501(C)(3)	LINE 3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(C)(3)	LINE 3	CSH		No
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0902211	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CHIC		No
1150 KELLY JOHNSON BLVD 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	TELEHEALTH	CO	501(C)(3)	LINE 12A, I	CHI NS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(C)(3)	LINE 10	MMC - ROSEBURG		No
300 OLD RIVER ROAD STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(C)(3)	LINE 3	DCC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	INACTIVE	KS	501(C)(3)	LINE 3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	SENIOR LIVING	MN	501(C)(3)	LINE 10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	ACH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	INVESTMENTS	KY	501(C)(3)	LINE 12A, I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	SENIOR LIVING	OH	501(C)(3)	LINE 12A, I	SFH-OH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(C)(3)	LINE 3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HOME HEALTH	CO	501(C)(3)	LINE 10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HOLDING CO	CO	501(C)(3)	LINE 12A, I	CSH		No
12809 WEST DODGE ROAD OMAHA, NE 68510 36-3233121	HOLDING CO	NE	501(C)(3)	LINE 12A, I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	LINE 12A, I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 12A, I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(C)(3)	LINE 3	CHISVHS		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
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	LINE 12A, I	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(C)(3)	LINE 3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	LINE 12A, I	N/A		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 85-3374038	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 85-0919176	OPERATING INVESTMENTS	DE	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	RESEARCH	CO	501(C)(3)	LINE 12A, I	CSH		No
1805 MEDICAL CENTER DRIVE SAN BERNARDINO, CA 92411 95-1643373	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 23-7419853	HOLDING CO	OH	501(C)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AH-CMHMV		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(C)(3)	LINE 3	SJHS		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-5009488	HOSPITAL	CO	501(C)(3)	LINE 3	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(C)(3)	LINE 3	CSH		No
200 MERCY OAKS DRIVE REDDING, CA 96003 23-7115371	SENIOR CENTER SERVICES	CA	501(C)(3)	LINE 7	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
2101 N WATERMAN AVENUE SAN BERNARDINO, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
475 SOUTH DOBSON ROAD CHANDLER, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-3006034	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-3800752	SELF INSURANCE	NV	501(C)(3)	LINE 12A, I	DH		No
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(C)(3)	LINE 12A, I	DCC		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-6612446	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	DH		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
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0056778	COMMUNITY HEALTH SYSTEM	CA	501(C)(3)	LINE 12A, I	DH		No
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0127719	OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS	CA	501(C)(3)	LINE 10	DHS		No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(C)(3)	LINE 12A, I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(C)(3)	LINE 10	CHILC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(C)(3)	LINE 3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	INACTIVE	MO	501(C)(3)	LINE 10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	PHYSICIANS	WA	501(C)(3)	LINE 10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	INACTIVE	WI	501(C)(3)	LINE 10	CSH		No
1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(C)(3)	LINE 3	SAMC		No
1420 SOUTH CENTRAL AVENUE GLENDALE, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	INACTIVE	CO	501(C)(3)	LINE 12A, I	CSH		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1206047	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		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
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	GSH-KN		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 7	HMC		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(C)(3)	LINE 12A, I	SFMC-MN		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	ASSIST LIVING	IA	501(C)(3)	LINE 7	CHI-IA CORP		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029768	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
100 E LIBERTY ST STE 800 LOUISVILLE, KY 40202 61-1352729	PHYSICIANS	KY	501(C)(3)	LINE 10	JHSMH		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029769	HEALTHCARE	KY	501(C)(3)	LINE 12A, I	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	LHC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	KOH		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	ASSIST LIVING	KY	501(C)(3)	LINE 10	CHILC		No
1400 E CHURCH STREET SANTA MARIA, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
768 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249 68-0127677	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(C)(3)	LINE 7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(C)(3)	LINE 3	CSH		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
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	LINE 10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	INACTIVE	TX	501(C)(3)	LINE 3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 12A, I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP		No
PO BOX 119 BAKERSFIELD, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 7	MMC - ROSEBURG		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHMH-CORNING		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
3865 J STREET SACRAMENTO, CA 95816 68-0117340	SENIOR CITIZEN'S HOUSING/RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		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
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP		No
204 N 4TH AVE E NEWTON, IA 50314 42-1470935	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP		No
301 E 13TH STREET MERCED, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(C)(3)	LINE 3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MMC WILLISTON		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
2223 EAST ROSSER AVENUE BISMARCK, ND 58501 91-1845296	MANAGEMENT	ND	501(C)(3)	LINE 7	SAMC		No
18300 ROSCOE BLVD NORTHRIDGE, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	OCH		No
1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0447575	CLINIC	CA	501(C)(3)	LINE 3	DCC		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET		No
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 46-5322209	HOSPITAL	CA	501(C)(3)	LINE 3	DH		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	LTERM CARE	OH	501(C)(3)	LINE 10	CHILC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC		No
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-1183335	SENIOR CENTER SERVICES	CO	501(C)(3)	LINE 7	CHIC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2876836	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3639733	INACTIVE	NJ	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3319886	INACTIVE	NJ	501(C)(3)	LINE 3	SCHS		No

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

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555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	INACTIVE	NE	501(C)(3)	LINE 3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SFMC-NE		No
900 HYDE STREET SAN FRANCISCO, CA 94109 94-1156295	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
ONE ST JOSEPHS DRIVE LEXINGTON, KY 40504 61-1334601	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
701 BOB OLINK DR 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
2500 FAIRWAY STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	SJHHC		No
438 WEST LAS TUNAS DRIVE SAN GABRIEL, CA 91776 95-3430341	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 12A, I	AHMHS		No
155 GLASSON WAY GRASS VALLEY, CA 95945 94-1439787	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(C)(3)	LINE 3	CSH		No
2323 DE LA VINA ST SUITE 104 SANTA BARBARA, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
601 E MICHELTORENA STREET SANTA BARBARA, CA 93103 77-0022302	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
1600 NORTH ROSE AVENUE OXNARD, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
350 WEST THOMAS ROAD PHOENIX, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH		No

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1800 N CALIFORNIA STREET STOCKTON, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7373088	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
450 STANYAN STREET SAN FRANCISCO, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
3001 ST ROSE PARKWAY HENDERSON, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(C)(3)	LINE 12A, I	DH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1145 BROADWAY PLAZA STE 1200 TACOMA, WA 98402 86-3590968	INACTIVE	WA	501(C)(3)	LINE 10	FHS		No
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(C)(3)	LINE 3	CSH		No
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 12A, I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(C)(3)	LINE 3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(C)(3)	LINE 3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(C)(3)	LINE 12A, I	SCH		No
12469 FIVE POINT ROAD TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	INVESTMENTS	OR	501(C)(4)		CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2536017	INACTIVE	NJ	501(C)(3)	LINE 8	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	LTERM CARE	TX	501(C)(3)	LINE 10	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-0591461	INACTIVE	MD	501(C)(3)	LINE 3	CSH		No

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2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(C)(3)	LINE 3	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1311775	INACTIVE	MD	501(C)(3)	LINE 12A, I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(C)(3)	LINE 10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
2500 FAIRWAY ST DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 7	SLHS		No
PO BOX 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLCDC-SL		No
1301 GRUNDMAN BOULEVARD NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SMCH		No

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TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(C)(3)	LINE 12A, I	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(C)(3)	LINE 3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	PHYSICIANS	AR	501(C)(3)	LINE 10	SVIMC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 34-1412964	HOLDING CO	OH	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-5357161	INACTIVE	OH	501(C)(3)	LINE 12A, I	SFH-OH		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(C)(3)	LINE 10	CHILC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0537486	HOSPITAL	OH	501(C)(3)	LINE 3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 12A, I	CHI NEBRASKA		No
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0927232	INACTIVE	CO	501(C)(3)	LINE 3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(C)(3)	LINE 12A, I	N/A		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(C)(3)	LINE 3	THS		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(C)(3)	LINE 7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-1768334	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS		No
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-0098923	HOSPITAL	AZ	501(C)(3)	LINE 3	DCC		No
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-1038463	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	YRMC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
AMERICAN MERCY HOME CARE LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	N/A	N/A				No			No	
ARIZONA CARE NETWORK - NEXT LLC 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 47-4696671	CARE NETWORK	AZ	N/A	N/A				No			No	
ARIZONA CARE NETWORK LLC (ACN LLC) 4222 E THOMAS RD STE 400 PHOENIX, AZ 85013 45-4494682	CARE NETWORK	AZ	N/A	N/A				No			No	
ARIZONA DIAGNOSTIC RADIOLOGY GROUP LLC 1510 COTNER AVENUE LOS ANGELES, CA 90025 85-1067265	DIAGNOSTIC SERVICES	CA	N/A	N/A				No			No	
AUDUBON LAND COMPANY LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 84-1513085	REAL ESTATE	CO	N/A	N/A				No			No	
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	N/A	N/A				No			No	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	N/A	N/A				No			No	
BERYWOOD OFFICE PROPERTIES LLC 2501 CITICO AVENUE CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	N/A	N/A				No			No	
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD 709 WING ON PLAZA 62 MODY ROAD TS HONG KONG CH	HEALTH SERVICES	CH	N/A	N/A				No			No	
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	N/A	N/A				No			No	
CBCC OUTSMARTING CANCER LLC 6501 TRUXTUN AVENUE BAKERSFIELD, CA 93309 46-1602286	RADIATION / ONCOLOGY	CA	N/A	N/A				No			No	
CENTRAL NEBRASKA REHAB SVCS LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	PHYSICAL THERAPY	NE	N/A	N/A				No			No	
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	N/A	N/A				No			No	
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	N/A	N/A				No			No	
CHICAMSURG SURGERY CENTERS LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 46-5683027	SURGERY CENTER	CO	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
COLORADO SPRINGS CK LEASING LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	N/A	N/A				No			No	
COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	N/A	N/A				No			No	
DE JV LLC 8686 NEW TRAILS DRIVE THE WOODLANDS, TX 77381 32-0496548	EMERGENCY CARE	NV	N/A	N/A				No			No	
DHHP SURGERY CENTERS LLC 1513 S GRAND AVENUE STE 350 LOS ANGELES, CA 90015 83-1847466	SURGERY	DE	N/A	N/A				No			No	
DHRT HOLDINGS LLC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 35-2484591	HOLDING COMPANY	DE	N/A	N/A				No			No	
DIGNITY- GOHEALTHURGENT CARE MGMT LLC 5555 GLENRIDGE CONNECTOR STE 700 ATLANTA, GA 30342 35-2548698	MANAGEMENT SERVICES	DE	N/A	N/A				No			No	
DIGNITY HEALTH AT HOME LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	N/A	N/A				No			No	
DIGNITY HEALTH SPECIALTY PHARMACY LLC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 32-0589462	SPECIALTY PHARMACY SERVICES	DE	N/A	N/A				No			No	
DIGNITY HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 83-2832522	HOME RECOVERY PROGRAM	DE	N/A	N/A				No			No	
DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 20-2999237	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSP NORCAL SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 20-2468509	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSP PHOENIX SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 13-4248908	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSPJOHN MUIR EAST BAY SURG CTRS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 35-2584991	SURGERY	TX	N/A	N/A				No			No	
DIGNITY-ABRAZO HEALTH NETWORK LLC 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 46-5477985	MANAGEMENT SERVICES	AZ	N/A	N/A				No			No	
DOMINICAN MAGNETIC RESONANCE IMAGING CENTER 1545 SOQUEL DRIVE SANTA CRUZ, CA 94065 77-0095477	IMAGING CENTER	CA	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
ECCS ACQUISITION COMPANY LLC 2940 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	N/A	N/A				No			No	
ENDOSCOPY CENTER OF ARKANSAS 1024 NORTH UNIVERSITY AVE LITTLE ROCK, AR 72207 20-1337002	DIAGNOSTIC SERVICES	AR	N/A	N/A				No			No	
FOLSOM SIERRA ENDOSCOPY CENTER LP 1671 CREEKSIDE DRIVE SUITE 100 FOLSOM, CA 95630 68-0482416	ENDOSCOPY	CA	N/A	N/A				No			No	
FRANCISCAN MEDICAL PAVILION BONNEY LAKE LLC 6622 WOLLOCHET DR NW GIG HARBOR, WA 98335 46-3494108	REAL ESTATE	WA	N/A	N/A				No			No	
FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	N/A	N/A				No			No	
GOOD SAMARITAN HOME CARE SERVICES OF VINCENNE IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	N/A	N/A				No			No	
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	N/A	N/A				No			No	
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	N/A	N/A				No			No	
HEARTLAND ONCOLOGY LLC 2337 E CRAWFORD ST SALINA, KS 67401 46-4265403	ONCOLOGY	KS	N/A	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	N/A	N/A				No			No	
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	N/A	N/A				No			No	
LEXINGTON MOB PARTNERS LTD 5050 SOUTH SYRACUSE ST STE 800 DENVER, CO 80237 65-1132855	REAL ESTATE	CO	N/A	N/A				No			No	
LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET LINCOLN, NE 68510 26-2496856	REAL ESTATE	NE	N/A	N/A				No			No	
MEMORIAL MEDICAL PLAZA 3838 SAN DIMAS SUITE B 201 BAKERSFIELD, CA 93301 36-4510880	REAL ESTATE	CA	N/A	N/A				No			No	
MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC 2740 M STREET MERCED, CA 95340 94-3358445	MANAGEMENT OF CANCER CENTER	CA	N/A	N/A				No			No	

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MERCY REHABILITATION HOSPITAL LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	N/A	N/A				No			No	
MILITARY ROAD PROPERTIES LLC 181 S 333RD STREET STE 250 FEDERAL WAY, WA 98003 91-2067879	REAL ESTATE	WA	N/A	N/A				No			No	
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	N/A	N/A				No			No	
NICU OPERATING CO OF SANTA CRUZ LLC 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 46-0502935	NEONATAL HEALTHCARE	CA	N/A	N/A				No			No	
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	N/A	N/A				No			No	
NORTHERN PLAINS LABORATORY LLC 401 N 9 STREET BISMARK, ND 58501 84-1641341	DIAGNOSTIC SERVICES	ND	N/A	N/A				No			No	
NSC CHANNEL ISLANDS LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 77-0409291	AMBULATORY SURGICAL CENTER	CA	N/A	N/A				No			No	
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	N/A	N/A				No			No	
PARK RAPIDS AREA HEALTH CARE 600 PLEASANT AVENUE S PARK RAPIDS, MN 56470 20-4926259	HEALTHCARE SRVC	MN	N/A	N/A				No			No	
PATIENT TRANSPORT SERVICES OF COLUMBUS INC 1700 EDISON DR MILFORD, OH 45150 26-4601285	AMBULANCE	OH	N/A	N/A				No			No	
PENINSULA RADIATION ONCOLOGY CENTER LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	N/A	N/A				No			No	
PENRAD IMAGING LLC 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	N/A	N/A				No			No	
PERFORMANCE MED EQUIP & RESPIR SVSC LLC 19625 62ND AVE S STE 101 KENT, WA 98032 45-2901632	HOLDING COMPANY	WA	N/A	N/A				No			No	
PLAZA SURGERY CENTER LP 525 E PLAZA DRIVE SUITE 100 SANTA MARIA, CA 93454 77-0573567	SURGERY	CA	N/A	N/A				No			No	
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	N/A	N/A				No			No	

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PRECISION MEDICINE ALLIANCE LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	DIAGNOSTIC SERVICES	CO	N/A	N/A				No			No	
RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	N/A	N/A				No			No	
RBR MANAGEMENT LLC 91 CORPORATE PARK DRIVE SUITE 120 HENDERSON, NV 89074 27-1466450	AMBULANCE	NV	N/A	N/A				No			No	
REID-ANC HOME CARE SERVICES LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	N/A	N/A				No			No	
SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	INACTIVE	DE	N/A	N/A				No			No	
SAINT JOSEPH HEALTH ASC LLC 1 SAINT JOSEPH DRIVE LEXINGTON, KY 40504 85-2155230	SURGERY	KY	N/A	N/A				No			No	
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	N/A	N/A				No			No	
SANTA CRUZ COMPREHENSIVE IMAGING LLC 1661 SOQUEL DRIVE SUITE G SANTA CRUZ, CA 95065 01-0550623	IMAGING	CA	N/A	N/A				No			No	
SANTA CRUZ LAND & BUILDING LP 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0285236	REAL ESTATE	CA	N/A	N/A				No			No	
SANTA CRUZ SURGERY CENTER LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	N/A	N/A				No			No	
SEVEN OAKS SURGERY CENTER LLC 1801 ORANGE TREE LANE SUITE 200 REDLANDS, CA 92374 85-1559544	SURGERY	CA	N/A	N/A				No			No	
SOUTHEASTERN HOME CARE LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	N/A	N/A				No			No	
ST JOSEPH'S SURGERY CENTER LP 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001 20-1019390	SURGERY	TX	N/A	N/A				No			No	
ST ELIZABETH HOME CARE SERVICES LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	N/A	N/A				No			No	
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	N/A	N/A				No			No	

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ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC SERVICES	TX	N/A	N/A				No			No	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	N/A	N/A				No			No	
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC SERVICES	TX	N/A	N/A				No			No	
TEMPLETON SURGERY CENTER LLC 1310 LAS TABLAS ROAD SUITE 104 TEMPLETON, CA 94365 20-2246616	SURGERY	CA	N/A	N/A				No			No	
THE MEDICAL PAVILION AT ST JOHN'S 1600 ROSE AVENUE OXNARD, CA 93030 77-0332349	REAL ESTATE	CA	N/A	N/A				No			No	
THREE SPRING IMAGING LLC 1 MERCADO ST STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	N/A	N/A				No			No	
TIA ARIZONA LLC 3030 N CENTRAL AVENUE SUITE 1402 PHOENIX, AZ 85012 86-3158670	CLINIC	AZ	N/A	N/A				No			No	
VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE LLC 18330 ROSCOE BLVD NORTHRIDGE, CA 91328 80-0864336	SURGERY	CA	N/A	N/A				No			No	

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
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C					No
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN CJ 98-0556913	INSURANCE	CJ	N/A	C					No
ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY INC 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	HEALTHCARE	TX	N/A	C					No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-1112049	MANAGEMENT SERVICES	CO	N/A	C					No
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C					No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C					No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	INACTIVE	KY	N/A	C					No
BRAZOSPORT HEALTH ALLIANCE 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	HEALTHCARE	TX	N/A	C					No
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD STE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	N/A	C					No
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	C					No
CHI ST LUKE'S HEALTH - MEMORIAL CONDOMINIUM ASSOCIATION INC 1201 W FRANK AVE LUFKIN, TX 75904 83-4184717	CONDO ASSOC	TX	N/A	C					No
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	N/A	C					No
COASTAL SURGICAL SPECIALISTS INC 921 OAK PARK BLVD SUITE 101 PISMO BEACH, CA 93449 74-3000596	AMBULATORY SURGERY CENTER	CA	N/A	S					No
COMCARE SERVICES INC 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0904813	INACTIVE	CO	N/A	C					No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C					No

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DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C					No
DIGNITY HEALTH HOLDING CORPORATION 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 46-0675371	HOLDING CO	NV	N/A	C					No
DIGNITY HEALTH INSURANCE LTD PO BOX 1051 GRAND CAYMAN ISLANDS, GRAND CAYMAN CJ 98-1065338	CAPTIVE INSURANCE	CJ	N/A	C					No
DIGNITY HEALTH PROVIDER RESOURCES INC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 47-3366764	HEALTH PLAN	CA	N/A	C					No
DIVERSIFIED HEALTH RESOURCES INC 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	HEALTHCARE	TX	N/A	C					No
FRANCISCAN CITY URGENT CARE SRVS PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	INACTIVE	NY	N/A	C					No
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HOLDING CO	CO	N/A	C					No
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C					No
HARVESTPLAINS HEALTH OF IOWA 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3451750	INSURANCE	WA	N/A	C					No
HEALTH SERVICES OF THE PACIFIC CENTRAL COAST INC 1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0074057	HEALTHCARE	CA	N/A	C					No
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	N/A	C					No
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	INACTIVE	WA	N/A	C					No
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	N/A	C					No
HIGHLINE MEDICAL GROUP 1717 S J STREET TACOMA, WA 98405 91-1407026	MEDICAL SERVICES	WA	N/A	C					No
INTEGRATED MEDICAL SERVICES 9250 N 3RD STREET SUITE 4010 PHOENIX, AZ 85020 86-0783428	MULTI-SPECIALTY PHYSICIANS GROUP	AZ	N/A	C					No

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KOMG-LOUISVILLE REGION INC 201 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 83-2481198	HEALTHCARE	KY	N/A	C					No
MEDICAL OFFICE BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0720429	REAL ESTATE	AR	N/A	C					No
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C					No
MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC 1201 W FRANK AVE LUFKIN, TX 75904 46-3622849	INACTIVE	TX	N/A	C					No
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	INACTIVE	IA	N/A	C					No
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	N/A	C					No
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	N/A	C					No
MILLENNIUM SURGERY CENTER INC 9300 STOCKDALE HWY 200 BAKERSFIELD, CA 93311 77-0513445	HEALTHCARE	CA	N/A	S					No
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739	MGMT SVC ORG	TN	N/A	C					No
NORTH CENTRAL HEALTH CARE ALLIANCE PO BOX 5538 BISMARK, ND 58506 45-0439894	HEALTHCARE	ND	N/A	C					No
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C					No
QUALCHOICE ADVANTAGE 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	INSURANCE	WA	N/A	C					No
QUALCHOICE HEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	N/A	C					No
QUALCHOICE HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	N/A	C					No
QUALCHOICE HOLDINGS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-4075520	HOLDING CO	AR	N/A	C					No

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QUALCHOICE OF NEBRASKA 2401 S 73RD ST OMAHA, NE 68124 81-0738827	INACTIVE	NE	N/A	C					No
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	N/A	C					No
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	N/A	C					No
ROSS PARK PHARMACY INC 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	PHARMACY	OH	N/A	C					No
SAINT CLARE'S PRIMARY CARE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2441202	INACTIVE	NJ	N/A	C					No
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	INACTIVE	CO	N/A	C					No
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198	INACTIVE	KY	N/A	C					No
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C					No
ST MARY HEALTH VENTURES INC 1050 LINDEN AVENUE LONG BEACH, CA 90813 95-1912528	RETAIL PHARMACY	CA	N/A	C					No
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C					No
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C					No
ST LUKE'S HEALTH SYSTEM HOLDINGS INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	N/A	C					No
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C					No
STE HOLDINGS 12809 WEST DODGE RD OMAHA, NE 68154 82-2383629	HOLDING CO	NE	N/A	C					No
SUGAR LAND DOCTOR GROUP 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478 45-4270163	INACTIVE	TX	N/A	C					No

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TOWSON MANAGEMENT INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1710750	INACTIVE	MD	N/A	C					No
TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	MGMT SERVICES	OH	N/A	C					No